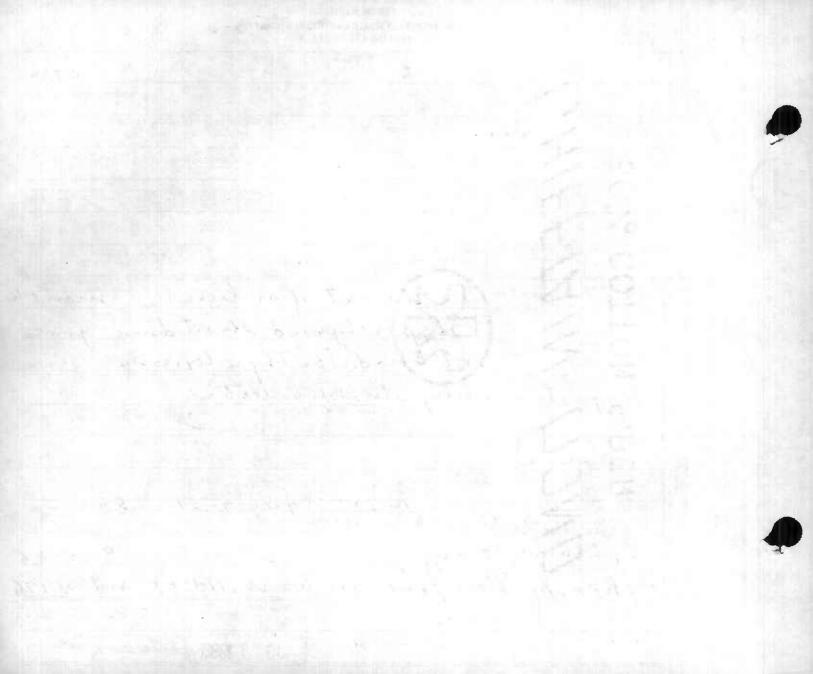
(VRA 15, 4)

STATE OF MARYLAND

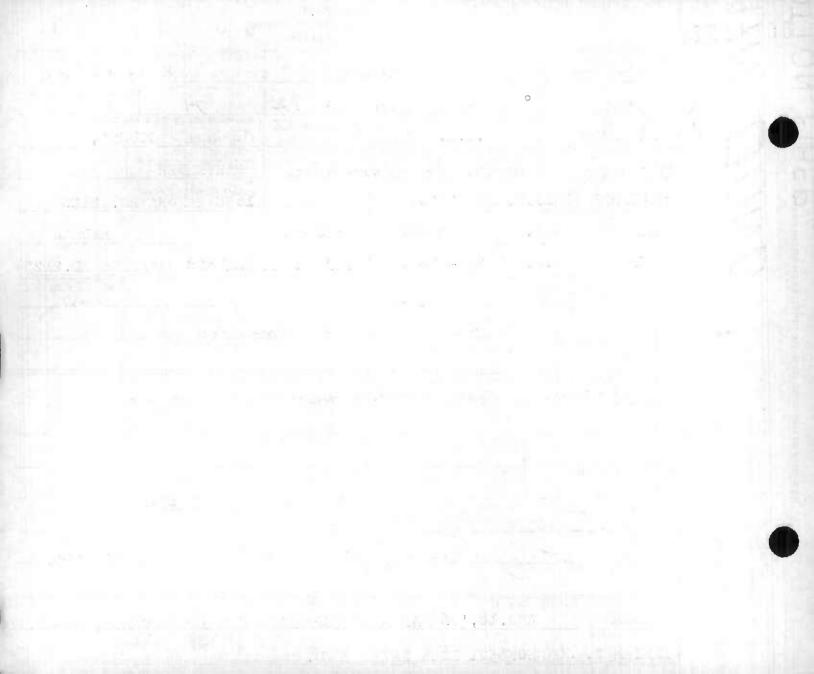


MACHEL PAUL ENGINEER AUG BILLEY SE THE WASTE MAY A 1912 THE STATE EAR POLL KREWING DWILL STAR WESTAMSTER BIE HUNGIN DRIVE STEERING STEERINGS WITH MANY INVOICE COUL WEST WITH STEEL TRIVER TRIVE terminal editions of the series of the serie CARCINORIA OF PANCRESS 9 HOURS d dud Com and Walluce Z.12 I F WASHINGTON HETCHTS WESTHINGTON WERVLERD DANKE I. WELLES PIR. El fire El anno St. F. c. apple. .

E. JOHNSON8521 LOCH RAVEN BLVD

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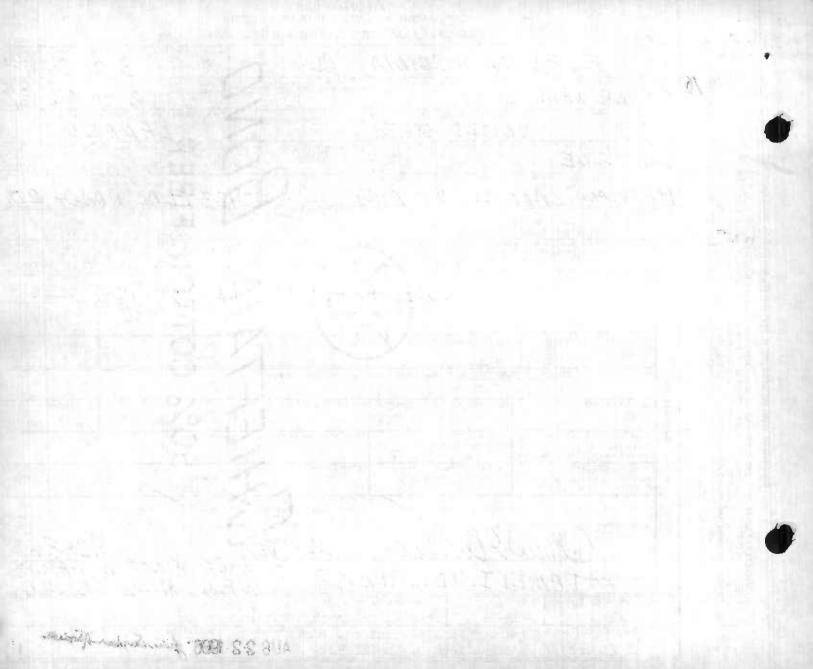
(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DECEASED NAME 20 DATE KNOWN 1630 DEATH MATED F UNDER 24 HRS 2d HOUR DATE PRONOUNCED 2030 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION D. CITY OR TOWN OF DEATH 13d. INSIDE CITY LIMITS? , 13e STREET ADDRE Finksburg 21048 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Snyder Bewley Katherine Michael Emma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Finks burg, MD 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 19a. DATE OF OPERATION 2D AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURN YES 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY Autapsy 220 I certify that I took charge of the remains described above, held an Inspection Hamicide \_ Undetermined manner Village Road EXAMINER'S NAME Alva S. Baket 21157 September 3,1986 Good Shephard Cemetery Ellicott City Howard MD 14 FUNERAL DIRECTOR Loring Byers Funeral Directors, INC 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 8728 Liberty Road Randallstown, MD 21133-4784 Julia Davidson Abridase (VR A15 ME (5))

STEEL OF THE PROPERTY OF THE PARTY OF THE PA Service and the service of the servi

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH BEGISTRAR CEASED NAME 20 DATE KNOWN OF ESTI-IF UNDER I YR IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 11 - 24 - 3055 DEAD BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DE WHAT COUNTRY MARRIED X NEVER MARRIED Maryland DIVORCED Woodbine Rd. Housekeeper-Springfield Hospital Rt 94 13d INSIDE CITY LIMITS? 13e STREET ADDRE 15. MOTHER'S MAIDEN NAME FIRST EAST MIDDLE Thomas McDonaldson Virginia Annie Murphy 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANIME. Airy, MD ADDRESS 21771 16b SOCIAL SECURITY NO Mr. Russell M. Bly, Jr. 213-28-0468 2433 Flag Marsh 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [ 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2 In PLACE OF INJURY (AT HOME 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE COUNTY 220 I certify that I taak charge af the remains described above. Autapsy death resulted from SIGNATURE 230 BURIAL, CREMATION, REMOVAL 23b. DATE 8-23-86 Burial Lake View memorial Park Eldersburg Carroll 07/84 25M 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc 250. DATE REC'D. BY **DHMH - 17** 8728 Liberty Rd. Randallstown, MD 21133 (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MONTH DAY 26 HOUR (TYPE OR PRINT) ESTI-DEATH MATED 8/10/86 WITHIN 72 HOURS Norman Dean Buckley 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DATE 24 HOUR MONTH LAST BIRTHDAY PRONOUNCED Male Cauc. DEAD 10/19 86 19 YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) USA WIDOWED DIVORCED Carroll County VAZ SHOULD BEPNED, VAZAL RECORDS, 201 W. I CITY OR TOWN OF DEATH OCCUPATION TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY WORKING LIFE)
Trimmer Trim Tree 97 & Silver Run Valley Rd Silver Run ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 3n STATE 136 COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MD. Carroll Westminster 55% Liberty YES 🔯 St 21157 NO [ 8 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST Buckley Norman Nancy Rexroad 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS DIVISION (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! 814-267-3252 Nancy R. Smith APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Atlanto-occipital Separation DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR, TO BURIAL, YES VI NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR **XOR** UNDERLYING CONTRIBUTING CAUSE OF DEATH 4:12 XX 8/10/ 19 86 occupant of auto/fixed object collision 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK roadway Rt.97 & Silver Run Valley Rd., Carroll Co., Md 720. I certify that I toak charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Suicide Hamicide Natural causa Accident Undetermined manner TITLE (SPECIFY) ACTUAL 8/10/86 Assistant MEDICAL EXAMINER SIGNATURE SIGNED. EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE buria: Meadow Branch 07/84 Westminster Carrol 25M 24 FUNERAL DIRECTOR ADDRESS Westminster. Md **DHMH - 17** 412 Wash. Rd FUNERAL HOME (VR A15 ME (5))



STATE OF MARYLAND FOR - STATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTI OF ESTI-SEX IF UNDER 24 HRS DATE YEAR PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH EN OF W MARRIED NEVER MARRIED .S . A. Maryland DIVORCED [ CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION ITYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Ret. Surveyor W.S.S.C. Taney Town 13d. INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST (unknown) Ruth unknown 17. INFORMANT BORRE 62 Route I 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Wallace Buddington Sharpsburg, Md. 217-50-7678 21782 WW II Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY: RDIO-PULMONARY IMMEDIATE CAUSE (o DIVISION OF VITAL RECORDS, 201 W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which CILTE121TIS gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG CERTIFICATION 190. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PARTMENT OF TOR TO BURL YES [] NO [ 716 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21f LOCATION 214 INJURY OCCURRED AT WORK AT WHILE STREET, FACTORY, FARM, ETC | CITY OR TOWN COUNTY STATE 22e I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection death resulted fram: Homicide Undetermined manner 230. BURIAL, CREMATION, REMOVAL 236. DATE St. John's Cemetery 8-12-86 Beltsville, Prince George's, Mc Burial 07/84 25M 74 FUNERAL DIRECTOR F. Casch's Sons Funeral Home 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR Julia Davidson-Handelle **DHMH - 17** (VR A15 ME (5))

Pt 18 - 2-21 WELLER STEPHISTER 1919 7 3 -3 NAE WATER 2/15/19 67 - 111111 F.F. C. Town 3345 AERT KONZAPLE SHURRED WESLE MORNING CHARLES TRACTOUR S 3348 KENT KNOW IZ WIT ACUTE SHENIE RESIDENCE ARREST SE Z L HOTES CASTLE LINE LANGE STORY 

## STATE OF MARYLAND 00-81682 DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2a DATE OF DEATH MONTH DECEASED NAME 2h. HOUR N.M.N (TYPE OR PRINTS 4. RACE IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1900 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED County DIVORCED [ WIDOWED M NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY latest minster 6 & Sour Mill DOMESTIC SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 10770 Cotminsto 446 E. Saw Mill Kd NO R 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME 17. INFORMAN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? I YES, NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AS A CONSEQUENCE OF Leukemin Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED 9a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO I 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21E. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHILE 220 I certify that (15 this hospital) attended the deceased fram, e, and that in my aur) opinion death occurred on the date and hour and from the causes stated DEGREE 22E DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION DATE REC'D, BY REGISTRAR 756. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

- STATE

DHMH - 16 60M 7 III (VRA 15, 4)

STAFF

COLUMBIA

SIGNED

10078

2b HOUR

126 KIND OF BUSINESS OR

HOUSEWIFE

INDUSTRY

ANGERER

20h IF YES: WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNT

YES:

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION

STATE OF MARYLAND

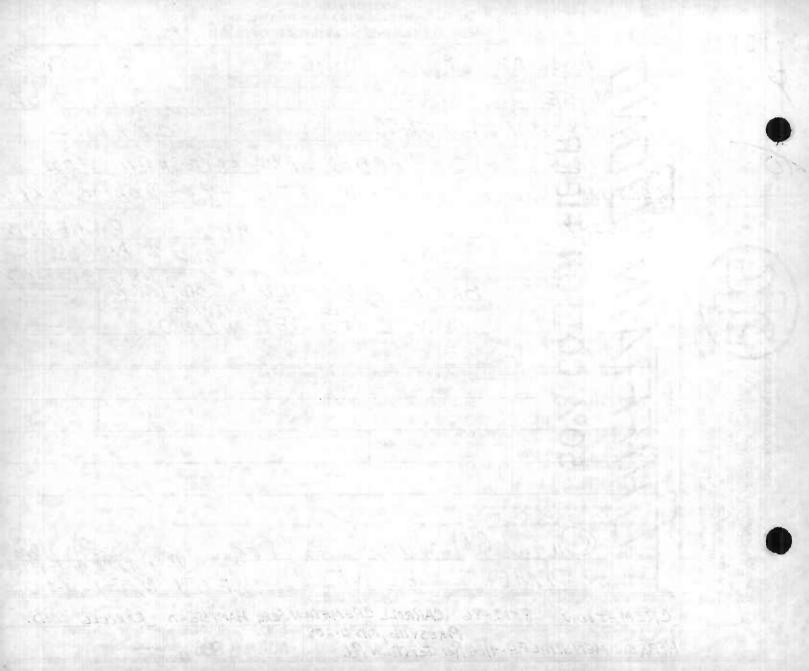
DEPARTMENT OF HEALTH AND MENTAL HYGIENS

Cremation Salisbury, Wicomico, Md. 8-28-86 Salisbury Crematory

308 High St 250 DATE REC'D. BY REGISTRAR! 256, REGISTRARIS SIGNALING 24 FUNERAL DIRECTOR CURRAN FUNERAL HOME, CAMBRIDGE,

MDL

						E OF MARYLAND				-	
			FOR STATE			EALTH AND MENTA	C. P. Sin	2	30	0	9
1-11	5128	6/10	REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICATE	OF DEATH	REG.	NO.		
0 0 1	0120		CEASED NAME FIRST	0.4	MIDDLE	LAST	26 DAT	E KNOWN ESTI	MONTH	DAY Y	TEAR 2b HELP
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4	RECTOR RECTOR JR FILES 2 HOUR 3 STREET	3. SE)		ATE OF BIRTH	6. AGE (IN YEAR	The state of the	DER 24 HRS 2c. DA		HTMOM	DAY	YEAR 24 HOUR
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-10	BEN SER	-SU/	L RESIDENCE (IF IN NURSING HOME OR OTH	ER INSTITUTION, GI	VE RESIDENCE BEFORE ADMISSION	,	A SAF	2014	710	17.7	UN IN
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5.30	5: 255			(c)							
DIVISION OF VITAL RECORDS,	HOULD BE EXECUTED DRD "PENDING" IN I CHIEF MEDICAL EXA E USED AS A BURIAL OF HEALTH AND M URIAL, CREMATION,	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR	BUTING 10 DEATH	BUT NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITION GIVEN IN	N PART 1 to				
E E		CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERA	TION WAS PERFORMED?				20 AUTO	DECAS
TAL TA	CERTIFICATE SHOULD SITING THE WORD "PI DED TO THE CHIEF I S SHOULD BE USED TO PROR TO BURIAL.	FIG	Billion always	1 45							
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NA PA	WRITING ARDED ARDED AGE 3 SI AGE 1201 PR	M	WHILE NOT WHILE		ORY, FARM, ETC.)	STREET	CITY OF	TOWN	COUN	NTY	STATE
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	SES SES		22a. I certify that I took charge of t	he remains des			tion 4. Inqu	'y 2	and in my opir	nion	
200	EXAMINER: CERTIFICATION DE FORMANTE DIRECTOR: 4, WITH THE: MARYLAND	3	death resulted from: Natural ca	uses .	Accident Suici	de Homicide	. Undetermined	manner	],		
	WAR WAR		ACTUAL (1)	1101	halltun	THLE (SPECIFY)	Darin			mt,	· lax
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	MON PER S		EXAMINER'S NAME TOM,	151 -	T MEI	WEN HID	210	WHI	711210	TH	HELSH
	TO MEDICAL EXAMENE CERT THE CERT PAGE 4 SHOULD ITO FUNERAL DIRE AFTER DEATH, WIT BALTMORE, MARY		(TYPE OR PRINT)	LEL.	- VVZLL	ADORESS	11/2 6	DHI	STE	n1	2100
	E05549	230. BU	JRIAL, CREMATION, REMOVAL 23b. D.		23c NAME OF CEME	TERY OR CREMATORY	23d LOCATION	4	COUNT	Y	STATE
07/84 25M	BP	2		-12-86	CAIRROLL	CREMATION SE	EN, HAMPST	EAD	LARED	LL	MD.
2.314(	DHMH - 17	24. FL	INERAL DIRECTOR NAME BREW MEMORIAL F	ADDRESS	PIKESYIIle, M.	D 21208 250. DAT	TE REC'D. BY REGIST	RAR 25b RE	F.	GNATURE	170
	(VR A15 ME (5))	HE	BREW MEMORIALF	41100	Keisterstown	Rd Al	J6 13 198	juna	Davidson	1	



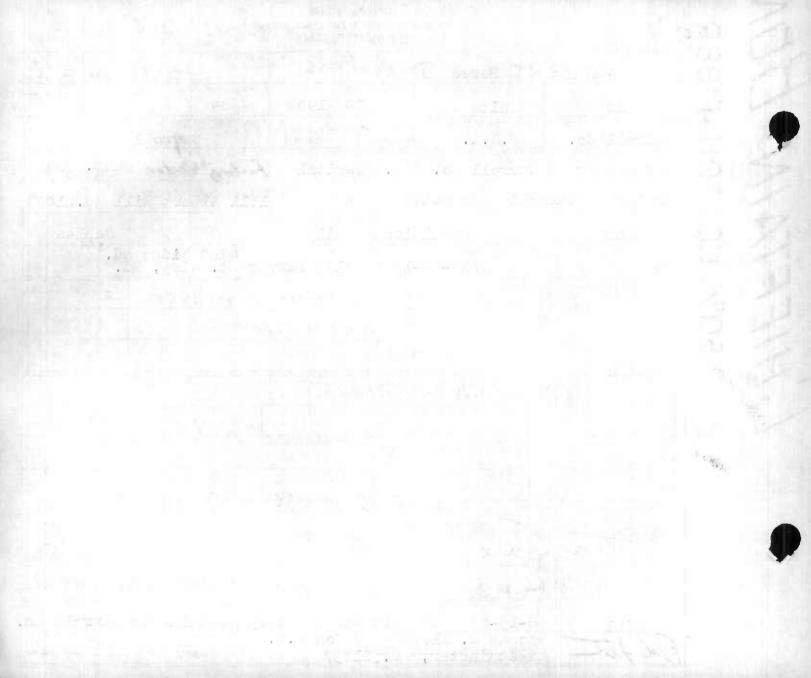
## STATE OF MARYLAND

23010

00-15218	31	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 1 0
noy be page 3		· · · · · · · · · · · · · · · · · · ·	RT Peree J	EVICBISS  15. DATE OF BIRTH	20. DATE OF DEATH MONTH DAY  3. 13	YEAR 26 HOURY SE 3 AM UNDER LYEAR IF UNDER 24 HRS
ge 4 m	5.50	Male	White	6 20 DAY 1902		VIHS DAYS HOURS MIN.
Oth, Po		IRTHPLACE (STATE OR FOREIGN COUNTRY)  arroll Co.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	
office de	Ne Ne	stminster	11. NAME OF HOSPITAL, NURSIN CARPOLL CO. (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION JODRESS! Hospital	12ª USUAL OCCUPATION (1) TO SOME FOR MOST OF WORTING LIFE)	126 KIND OF BUSINESS OR
	Ma		rother institution give residence before Toll Hamps to	ad   136 INSIDE CITY LIMITS?	Destreet Address / Zip code.	11 Rd.21074
15/16	2	ather's name Edward	Devill	oiss Emily	WIDDLE	Caples
n and re Poges		WAS DECEASED EVER IN U.S. AR LYES, NO OR UNKNOWN) (IF YES, GIT	RMED FORCES? 166 SOCIAL SECU 213-05		ver Mt. Airy, M	Rd. d.
physicia an papers emavol		PART I. DEATH WAS CAUSE	nly one couse per line for 10), (b1, on ED BY TE CAUSE (o) CAPD	10 - PULMONA	RY APREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death ce by the attending ease remove carb ol, cremation, are ir other traumofic.		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	ASTAM	A	
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NG PHY ther this os the but th ond M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDI spital or CTOR: A I for use of Heal		sow the deceased alive on	n 19 offerded the deceosed from 19 off view the body offer death.		deoth occurred on the date and hour	nd from the couses stated
TALOR AT y the hosp Rat DIRECT detoched to fote Dept. of		276. SIC 45 Cay	pare	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8.13.86
TO HOSPITAL retained by the TO FUNERAL should be detained to with the Stote with the Stote IMPRORTANT.		N. PA JPA	PA M.D.	224 WASH	INGTONHTS. WES	STMINSTER_
BP	23a	BURIAL, CREMATION, REMOVAL ISPECIFY) Burial		NAME OF CEMETERY OR CREMATORY Stminster Cemete	23d LOCATION CLIV OR TOWN Ery Westminster	Carroll Md.
DHMH - 16 60M 7/84	24 5		Thomas D. Fle	tcher & Son P. H	E REC'D. BY REGISTRAR 256 REGISTRA	R'S SIGNATURE

Thomas D. Fletcher & Son Westmanster, nMatroet 57

DHMH - 16 60M 7/84 (VRA 15, 4)



FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23011

d	,	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	2 0			
1		CEASED NAME FIRST	WIDDLE	1	A51	20. DATE OF DEATH		YEAR 26 HOL		
l	line	Charle:	s Edward	$\mathcal{E}/\mathcal{L}$	ne		8/5/8	6 54	OM	
I	1.5E)		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER	DATS HOURS	R 24 HRS	
ı		Male	White	5		7	SYRS.	0413 1100kg	Mill	
J		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C		A NEVER WARRIED TO	9 BALTIMORE CITY	OR COUNTY OF DEA	ATH		
4	Ca	rroll Co.	U.S.A.	MARRIE			Carro	11	MD.	
1		ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME C		120 USUAL OCCUPAT	ION 126. K	KIND OF BUSIN		
1	42	actmuster	(IF NOT IN SUCH FACILITY	, GIVE STREET ADDRESS		(Type of work or most		stry de.	120	
j	USUA	AL RESIDENCE LIF NURSING HOME OF				1	7,			
2		ryland Car	roll Wes	s tmins ter	13d INSIDE CITY LIMITS?	130.STREET ADDRESS		077 40		
1		THER'S NAME	TOTT INC.	OUITIE CCI	15 MOTHER'S MAIDEN NA	AT DISHO	p Street	21157		
1		FIRST	MIDDLE	LAST	FIRST	MIDDLE	C1 T	LAST		
4		John		Eline	Mary	4000	St	ansbur	У	
1		VAS DECEASED EVER IN U.S. AR YES. 100 OR UNKNOWN) (IF YES, GIN	E WAR OR DATES)	CIAL SECURITY NO.	17 INFORMANT	2	85.Stanc	il Str	reet	
١		NO	218	3-09-1833	Charles E	. Eline J	r. Virgin	ia Bea	ich,	
1		18 CAUSE OF DEATH IEnter or	ly one couse per fine for	(a), (b) and (c)		23457	BE	APPROXIMATE INTE	RVAI D DE ATH	
ı		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Muspu	lmorray	ansest	-			
1	Ties		DUE TO, OR AS A C	ONSEQUENCE OF						
1	163	Conditions, if ony, which ( b) Some ACVDI								
1	1.3	gave rise to immediate cause (a), stating the	DUE TO, OR AS A	ONTROLENCE					150	
ı		underlying couse lost.	DOE TO, OR AS A	Cel a	e e					
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBL	ITING TO DEATH BUY	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN P	ARI lia		
ı	20									
1	CERTIFICATION	90 DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE	FINDINGS USE	D	
1	H					YES TO NOTE	IN €ERTIFYING C.	AUSES OF DEA		
4	THE .	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	Y	HIL HOW INJURY OCCUP		-			
1	DOCTOR	OR CONTRIBUTING CAUSE OF DE		DATH YEAR	1					
ı	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINED	21e PLACE OF INJU	DV/	ALL LOCATION					
ı	ME	WHILE NOT WHILE	AT HOME STREET FACTO	ORY OFFICE FARM ETC )	STREET	CITY OR TO	own cou	NIY	STATE	
1	10	AT WORK	l	71		4	5	1		
1		220 I certify that (1) this hospi			1900	2 , to	5 19 0	. 11101 (11 (	,	
ı		sow the deceased live on above (linve) did I did no	t) view the body after de		nd that in (my) (our) opinion	death accurred on the o	late and hour and tre	om the couses st	roted	
1	9	22b) SIGNATURE	1007	ma	DEGREE			DATE SIGNED	1	
		John Wyn	roum	1102	ATTENDING PHYSICIAN	DIRECTOR PHYSI	CIAN	15/86	9	
	1	THE HYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS	101	C4 15		0	
	1	John Mile	lito		6256.Cw.	sual The	ming Cent	in West	mine	
1	73u. 6	MIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	1			
		Burial	8-9-86	Krider'	s Cemetery	CITYORTOWN	THOM COM		STATE	
	13.00					Westmins TE REC'D. BY REGISTRAN	ter Cari	CO TOPE M	<del>a</del> —	
	6	I NAME !	homas D.	Fletcher	& Son F.H.	The same of the sa	A Rose	Conce	A B	

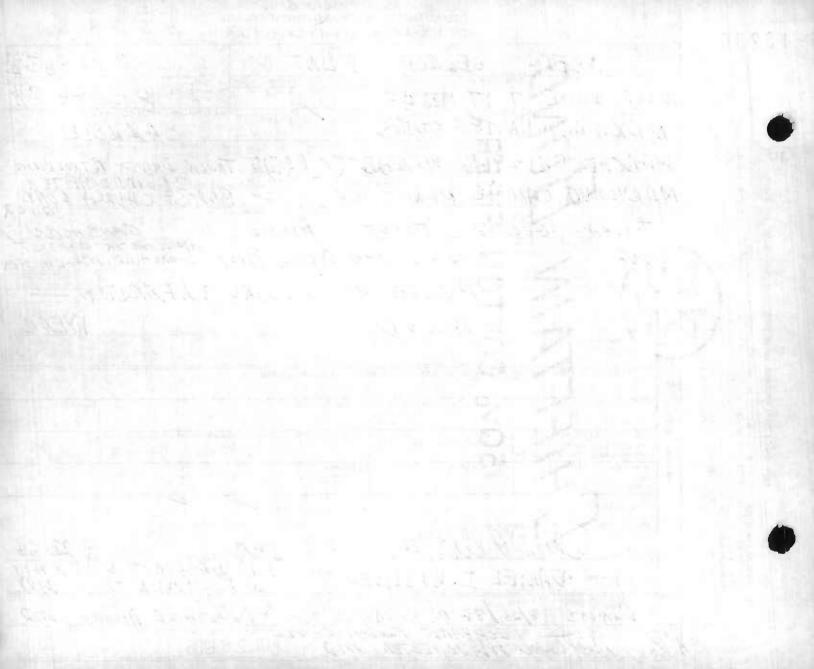
DHMH - 16 60M 7/B4 (VRA 15, 4)

The state of the s 

			STATE OF MAKTLAND		
-15983	1	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 1 2
page 3	(1)	ECEASED NAME AFIRST PE OR PRINT)		8/	DAY YEAR 76 HOUR  5 86 8 4 M  IF UNDER 1 YEAR IF UNDER 73 HRS
age 4 mirector p	3. 9	Female	1. RACE Cau. S DATE OF BIRTH MONTH DAY YEAR 10 24 27	6 AGE (IN YEARS LAST BIRTHDAY) (  YRS.	MONTHS DAYS HOURS MIN.
death. P	1	MARYLAND	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	roll MD.
and the softer	Tu	LESTMINSTER	1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH EACHTY, GIVE STREET ADDRESS)  CARROLL COUNTY GENERAL HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126. KIND OF BUSINESS OR INDUSTRY L-LICTIPONIC
filled in	130	JARYLAND CARI	ROLL FINKSBURG YES NO X		ERD. 21048
The with		TRUMAN	ADDLE LINDSAY HIDA	MIDDLE BOX	VERSOX
be execu on and c	160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE Y	AED FORCES? WAR OR DATES)  16b SOCIAL SÉCURITY NO. 17 INFORMANT	ADDRESS	
rentificate b ng physicial ban papers. remaval.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce attendin ove carb itian, ar i		Conditions, if any, which	DUE TO, OR ASSECURICE OF Brea	st	yr
by the ase remail, cremo		gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF		
Then plant to buri	NO		Onditions <u>contributing to death</u> but not related to the term	NINAL DISEASE OR CONDITION GIV	EN IN PART 1(a)
has been it permit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \( \text{NO} \)
ding physician.  Is certificate has burial-transit pe Mental Hygiene pr Herr Me shaws	7	OR CONTRIBUTING CALLS OF DEATH	HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM TB. I	PART ( OR PART 2)
ter this c is the bur hand Me rked or th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TOR: Affor use a of Health		220.1 certify that (1) (the hospital saw the deceased alive an above, (1) (we) (did) (did not	8/2 19.56 and that in (my) ( and aprinion	death occurred an the date and hou	19 that (1) (we) tast or and from the couses stated
TAL OR ATT y the haspit RAL DIRECTO detached for tote Dept. of THE THE TE		Jehns At	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR   PHYSICIAN	8/3/86
HOSPI nined b FUNE build be the Self the Self the Self Are	7	John E.S	Peers MD 222 Wash	ungton Hts W	estimiste mo
PP	230	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMETERY OR CREMATORY AUGUST 6,1886 BEAVER CREEK	BRIDGEWATER	ROCKING HAM VA.
DHMH - 16 60M 7/84 (VRA 15, 4)	24	Hobert A.	Mers 9thellis St 2115706	E REC'D BY REGISTRAR 256 REGIST	
	-				

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				STATE OF MARYLAND	
			FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 1 3
-16'	200		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	J 1 U
102	WEREWEE		EASED NAME FIRST	BEORGE FLINT DEATH MATED DEATH MATED DEATH MATED	NITH DAY YEAR 26 HOURS
	SEE SEE	3. SEX	14 RACE IS D	DATE OF BIRTH 6. AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS   2c. DATE MOI	NTH DAY YEAR 24 HOUR
	DIRECT PARTY	W	SLE WANTE "	7 1928 GEVES. MONTHS DAYS HOURS MIN. PRONOUNCED S.	22-86 包括
-	AND SERVICE	7a. BI	RTHPLACE (STATE OR 76	CITIZEN OF WHAT COUNTRY?  MARRIED NEVER MARRIED 9. BALTIMORE CITY OF CO	JUNTY OF DEATH
•	DAN SE	1	1 ARYLAYUTI V	NTI CIT STATES WIDOWED   DIVORCED   CAX	ROLL MD.
4	STREET!	7.	Y OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION   TYPE OF W. (IF, NO) IN SUCH FACILITY, GIVE STREM ADDRESS).	ORK 126 KIND OF BUSINESS OR INDUSTRY
1	30300	114	HYUCHESTEYL	2966 MANGERTER BAPTIST TRUCK DRIVE	TETROLEUM
5	22398/11	13s S	L RESIDENCE (IF IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADJUSTATE DIAS. INSIDE CITY LIMITS? 13e. STREET ADDRES 296 M.	ANCHESTEN
212	るとれるおう	M	HYLYLAMY) CHI	MOLL MARCHESTEX YES NO BY BATTIST CH	URCH RUAD
WD	X-326/1/	19. F/	THER'S NAME	DOLE LAST IS MOTHER'S MAIDEN NAME MIDDLE	LAST QII DO
#	SWEET C	1	JOSEPH GE	ORGE FLINT MARIE G	ANSHORN
OWN	WA ONE		(AS DECEASED EVER IN U.S. ARMED		
ALT	FAT SE	13	No	214-20-0410 DELORIS FLINT CHURCH A	D., MANCHESTER
-	S S S S S S S S S S S S S S S S S S S	-	18 CAUSE OF DEATH (Enter only an	e cause per ling for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	AL ERWEN		PART I DEATH WAS CAUSED BY		JON
PRESTON	A P P P P P P P P P P P P P P P P P P P	100		DUE TO, OR AS A CONSEQUENCE OF	1.3.4
8	MER ALL ARNSIT I	3	Conditions, if ony, which gove rise to immediate	(b) ASCVD	YEAR
` ≥	OR JENE	13	couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
201	ON, ON,	100	lying cause last.	(c)	
DIVISION OF VITAL RECORDS,	WID BE EXECUTE "PENDING" IN FE MEDICAL EX SED AS A BURIA "HEALTH AND A AL, CREMATION	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
SECO.	ASE CRE	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	
¥.	WORD "P WORD "P TE CHIEF O BE USED ENT OF HE	2	198. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
N Y	SE CE	Ē	21a EXTERNAL CAUSE WAS	216 HOW INJURY OCCURRED JENIER NATURE OF INJURY IN JIEM 18 PART 1	YES NO
O	メポトニメト		UNDERLYING OR	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART )	OR PART 2]
o o		MEDICAL	CONTRIBUTING CAUSE OF DEAT		
N S	田田田の田田	ME	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  21l LOCATION  STREET CITY OR TOWN	COUNTY STATE
۵	WARD WARD PAGE TATE 21201		AT WORK AT WORK		
	ATE, ORV		22a I certify that I took charge af	the remains described above, held an Autapsy , Inspection I Inquiry , and in r	my apinion
-	MAN HE SERVICE STATES OF THE SERVICE STATES		death resulted from Notural co	ouse	
	AR WEEK		6 )0.	ATTLE (SPECIFY)	A 20 (3)
	AN PER		ACTUAL SIGNATURE CLUB	M HSST VENEDICAL EXAMINER S	IGNED Q -11-06
	DIC TE TE TO	1	EXAMPLEDICALLE ADDAM	I + WASHINGT	NHEKHYT
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M		EXAMINER'S NAME VHN	IEL L. WELLIVER ADDRESS WESTANIAS	TED MO
	5A S 5 F B	23a.B	JRIAL, CREMATION, REMOVAL 236 D	ATE 231, NAME OF CEMETERY OR CREMATORY 234, LOCATION	COUNTY STATE
07/84	BP		DURINL 81	25/86 MEADOWRIDGE MON PARK BAITIMORE HO	an arm
25M	DHMH - 17	215	INERAL DIRECTO	ILCERICIII PI GOOD CONTREL	R'S SIGNATURE
	(VR A15 ME (5))	2.0	any Healtonial	MANCITESTER, MD, AUG 2 6 1986	- wer-famene

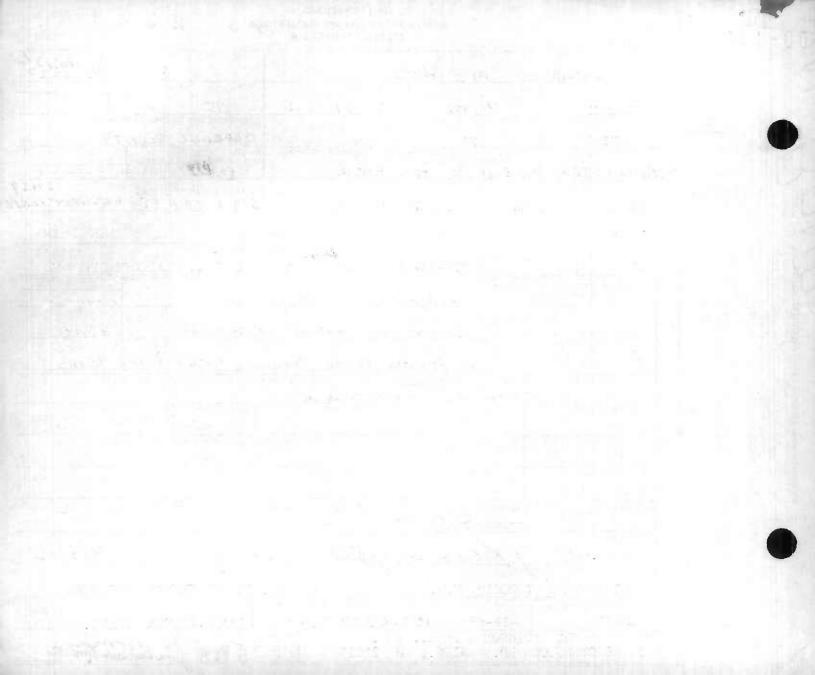


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE A

- STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 7a. DATE OF DEATH MAY GROSS 81 GERTRUDE IF UNDER TYEAR 5 DATE OF BIRTH A AGE JIN YEARS LAST BIRTHDAYL YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED CARROLL COUNTY **GERMANY** WIDOWED M DIVORCED [ 17h KIND OF BUSINESS OF CHIATRIST MEDECINE (IF NOT IN SUCH FACILITY, GIVE STREET ADQRESS) 13e.STREET ADDRESS / ZIP CODE 13b. COUNTY 13d INSIDE CITY LIMITS? 13c CITY OF TOWN 334 E.MAIN ST - WESTMINSTERM MARYLAND CARROLI WESTMINISTER 4 FATHER'S NAME  $MAY^{\text{LAST}}$ ALCODE ! SIMON CECTLLIA ASSENHE IM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFOUNTSTEVEN THOMAS ACROSS #21043 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 219-36-1800 9305 MEADOW HILL RD., ELLICOTT CITY, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: MVECPRDIAL MMED RUPTURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ACUTE MUSCERDIAL Conditions, if any, which gave rise to immediate cause (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying cause ATHEROSCLEROTIC CORONARY ITEMET ESSENTIAL HYPERTENSION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 216 TIME OF INJURY MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21f LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OF TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from £ 19 86 saw the deceased alive an\_ and that in (my) (our) opinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22¢ DATE SIGNED unce PHYSICIAN DIRECTOR PHYSICIAN [ 278 PHYSICIAN'S NAME (TYPE OF PRODIT) 22e ADDRESS VINCENT J. PICOCCIO, M.D. CARROLL COUNTY GENERAL HOSPITAL 23d LOCATION 230 BURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY BURIAL STATE CHEVRA AHAVAS CHESED 8-11-86 RANDALLSTOWN 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD

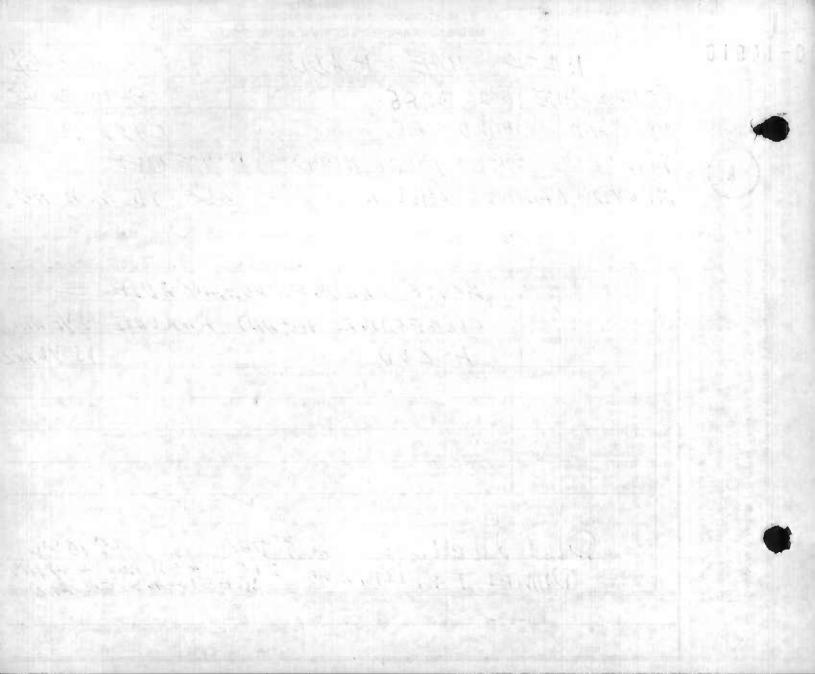
21215

DHMH - 16 60M 7/B4 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR I. DECEASED NAME 2a DATE KNOWN (TIPE OF PENEL) OF ESTI-5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED T NEVER MARRIED WIDOWED DIVORCED KIND OF BUSINESS OR INDUSTRY 13d INSIDE CITY LIMITS? 138e STREET ADDRES YES 🗌 NO P 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FREST Hosfeld Mc Gee Emma 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-12-1460 Mrs. Regina Rill. Westminster. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES -NO [ DEPARTMENT OF PRIOR TO BUF 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE 4 SHOULD CETOR: PO FUNERAL DIRECTOR: PO AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2 220 I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Hamicide L Undetermined manner death resulted fram: Natural causes Suicide TITLE (SPECIFY) EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial Immanuel Cemetery Manchester 07/84 BP 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE in iniden Balable **DHMH - 17** ADDRESS (VR A15 ME (5)) Eline Funeral Home, Hampstead

STATE OF MARYLAND



	3	IA	IE U	IT M	AKTI	AND	
DEPARTME	NT	OF	HEA	LTH	AND	MENTAL	HYGIENE
	CEI	TI	ELC	ATE	OF	DEATH	

23016

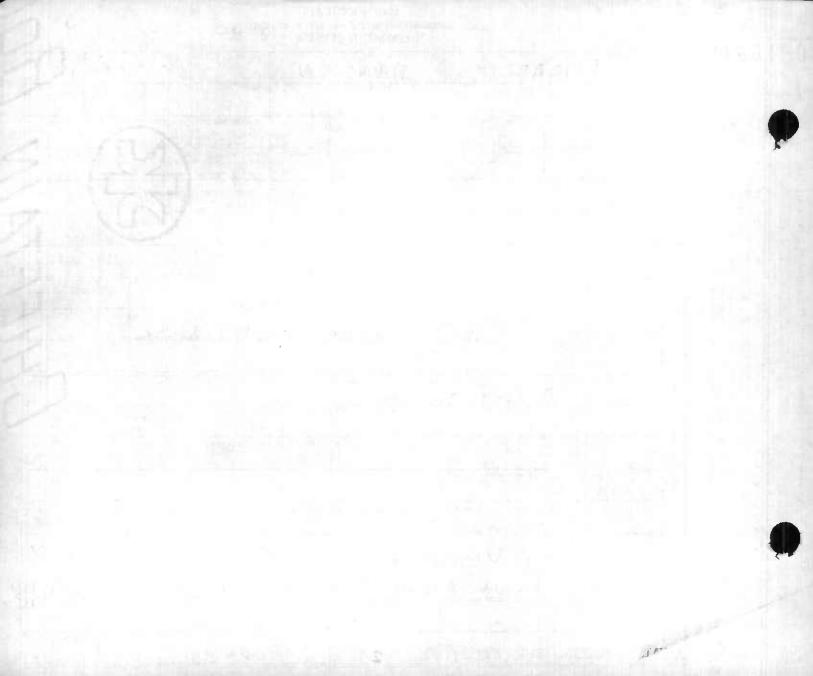
1.	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE & 2	3	0 1	0	
		10.01	MIDDLE	LAST		ONTH DA	Y YEAR	2h HOUR	
{ TYPE	E OR PRINT)	IZABET	H R. HA	INSSEN		8 2	786	11.30 M	
3. SE	X	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS	
	Female	Whi	te 10	DAY YEAR 08	77	YRS	JAIS DAIS	HOURS MIN.	
	IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY	OF DEATH		
	Maryland	U.S	S.A. WIDOW		Carroll	County	V	MD.	
10. C	ITY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND OI INDUSTRY	F BUSINESS OR	
1	Westminster	Westr	minster Nursin	na Home	Homemaker		Dome	estic	
130	AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE ADMISSION	113d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ;	ZIP CODE			
1	Maryland	Carroll	Sykesville	YES NO X	6216 Rolli		ew Driv	ve 21784	
	ATHER'S NAME			15. MOTHER'S MAIDEN NA	ME				
	Louis	WIDDLE	Stalev	Freda	MIDDLE		wein		
	WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S			
(	YES NO OR UNKNOWN) (1	IF YES, GIVE WAR OR DATES)	215 32 1371	Betty L. Kla	6216 R tzkin Sykesv	olling ille,	MD 21	784	
	18 CAUSE OF DEATH	Enter anly ane cause per	line far (a), (b), and (c)				BETWEEN	MATE INTERVAL	
	PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	cincula	torus tai	lune				
	1791		DAGA CONSTOURNES OF			OLD I			
	Canditions, if any, w		RAS A CONSEQUENCE OF	costic Hoo	int Dise	000			
	gove rise to immediate								
		the DUE TO, O	R AS A CONSEQUENCE OF						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to								
Z	TAKI 2 OTTEK SIGINIFI	BORGO	1 0	INOT KELATED TO THE TERM	IIINAL DISEASE OR CONDI	IION GIVE	Y IIY PAKI 110		
CERTIFICATION	19a DATE OF OPERATIO	.0008	TO CON CONTINUE OF THE TIME OF TIME OF THE TIME OF TIME OF THE TIME OF TIM	ON WAS PERFORMED	20g AUTOPSY?	20h JE YES	WERE FINDIN	IGS LISED	
FIG	IN DATE OF OFERATIO	The COIND	MONTOR WHICH OF ERATR	SIN WASTERI GRINED		IN CERTIFY	ING CAUSES	OF DEATH?	
ERT	21g. ACCIDENT WAS UNDERL	YING T 216 TIME C	E INTURY	Tale HOW IN HUBY OCCUPA	YES NO X	YES		NO 🗌	
	OR CONTRIBUTING CAU			21c. HOW INJURY OCCUR	KED LENTER NATURE OF INJURY	IN ITEM IS PAR	RETORPART 2)		
CA	(IF EITHER NOTIFY MEDICAL								
MEDICAL	21d. INJURY OCCURRED	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	N	COUNTY	STATE	
	22a I certify that (I) (th	is becould! ettended th	a decented from Orl	22 100/	6-127	1	81	that (1) (we) lost	
	· ·			and that in (my) (our) opinion	death accurred on the date	e and hour	0		
63	abave, (1) (we) (did)	olive on (did not) view the body	after death	DEGREE	,		22c DATE		
	William C.	le NI. AI	00-	ATTENDING .	MEDICAL STAFF		01	17/8/	
-	22d. PHYSICIAN'S NAMI	E LIVRE OR PRINTS	njama	PHYSICIAN L	DIRECTOR   PHYSICIA	AN	101.	21/06	
- 35	MAL		0 0 4 14 10		1000 1	180	THIL	CTED MO	
_	LVIIIAL		+ GANNA		LE RD, L	ME2	11111	ZIEK IID	
	BURIAL, CREMATION, RE/ (SPECIFY)	MOVAL 236. DATE		CEMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	BURIAL	8-29-	-86 Woodla	wn Cemetery	Woodlawn		altimor		
24 F	UNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRAR 25	b. REGISTRA	AR'S SIGNAL	JAE DE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If them 21 is marked or them 18 steem up, injury, ar ather froumatic event,

HAIGHT FUNERAL HOME SYKESVILLE, MD 21784 AUG 2 8 1986



	STATE OF MARY
FOR	DEPARTMENT OF HEALTH AN
STATE	APPTIPICATE OF

YLAND IN MENTAL HYGIENE

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6.00		U		- 4
	1,75			

	1-	STATE REGISTRAR			OLI AKII		ICATE OF DE			REG. NO	2 0	U		-	
			FIRST		MIDDLE	ı	AST	,	20 DATE OF D	EATH W	HIMON		FEAR	26 HOU	
	TIAME	OR PRINT)	DRE	C	Leona h	FOUT	ZMAL	)		(	38	32	86	8"	AM
	3. SE>	X		4. RACE		5 DATE C		YEAR	6. AGE INYEA	RS LAST BIRTH	(DAY)	IF UNDER	DAYS	HOURS	21 HRS
7		femalle.		CAU.		10	28	03		82	YRS.	MOINTING	DATS	HOURS	Min.
-		RTHPLACE (STATE OR FORE	EIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MA	APPIED	9 BALTIMORI	CITY OR	COUNT	Y OF DEA	TH		
5		arroll Co.		U.S.	Α.	WIDOWE		ORCED			Car	roll			MD.
7		ity or town of DEATH estminster		Westhi Conve	HOSPITAL, NURSING THE TOTAL PROPERTY OF THE	NG HOME C	ng &	TUTION	12a. USUAL OG 11ype of work F Homen	OR MOST OF	WORKING LI		IND OF	BUSINE	SSOR
1	13a S	at residence (if nursing state 138	6 COUN	other institution ity	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Westmir	/N	13d. INSIDE CIT	Y LIMITS?	13. STREET AL	DRESS /				2115 eet	57
7		ATHER'S NAME		-00:5			15 MOTHER'S								1/
		James		MIDDLE	Bucking	ham		ate .		WIDDLE		C	ris	wel	1
		VAS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU		17 INFORMAN	T		1APDRES	Eas.		-	St	
	No		IF TES, GIV	MAK OK DATEST	216-56-	5336	Marga	aret S	Staton		tmin	nste	r, N	ld.2	115
		18 CAUSE OF DEATH ( PART I. DEATH WAS	CAUSE	y ane cause per D BY. E CAUSE (a)	line for 10 , (b), or	ulm	oney	arres	+			BE*	APPROXIA	ATE INTER	VAL DEATH
	Z	Conditions, if ony, w gave rise to immed cause (a), stating underlying cause	the last	DUE TO, O	R AS A CONSEQUENT ON TRIBUTING TO	4	NOT RELATED T	O THE TERM	IN AL DISE ASE	OR COND	ITION GI	VEN IN P	ART No		
7	CERTIFICATION	19a DATE OF OPERATIO	N	196. COND	ITION FOR WHIC	OPERATO P	N WAS PERFOR	MED	200 AUTOP	SY?	IN CERTI	S, WERE I			H?
)	MEDICAL CERT		SE OF DEA	Р.	M. MONTH D M.	AY YEAR	216 HOW INJU		RED (ENTERNATU	_		beard	ART 2)		
	MED	WHILE AT WORK		210 PLACE (AT HOME ST		FARM ETC )	STREET			CITY OR TOW	'N	cou	NIY	5	TATE
		22a. I certify that (1) (1) sow the deceased abave, (1) way did					nd that in (my	, 19 our apınian d	death accurred	an the dat	e and ha				plost ted
		226 SIGNATURE	1)	mill	lita	Me	PH	TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICI		220	P-2	IGNED	6
		John W.	n	idale	fin M	0	220 ADDRESS	time	nathe	me	Sh	115	7	ent	i e
10		BURIAL, CREMATION, REALSPECIFY)	MOVAL	23b. DATE			EMETERY OR CE		23d LOCAT	ION		COUNTY	,	51	ATE
	_	Burial		8-25-	86 Me	ssial	1 Luthe		Syke	-	le	Car			d
	6	UNAME TO	T		D. Flat ast Mai	cher n <sub>w</sub> Sti	& Son	F. HA	IE 25	GISTRAR 2	Sh REGIS	100		RE	9.

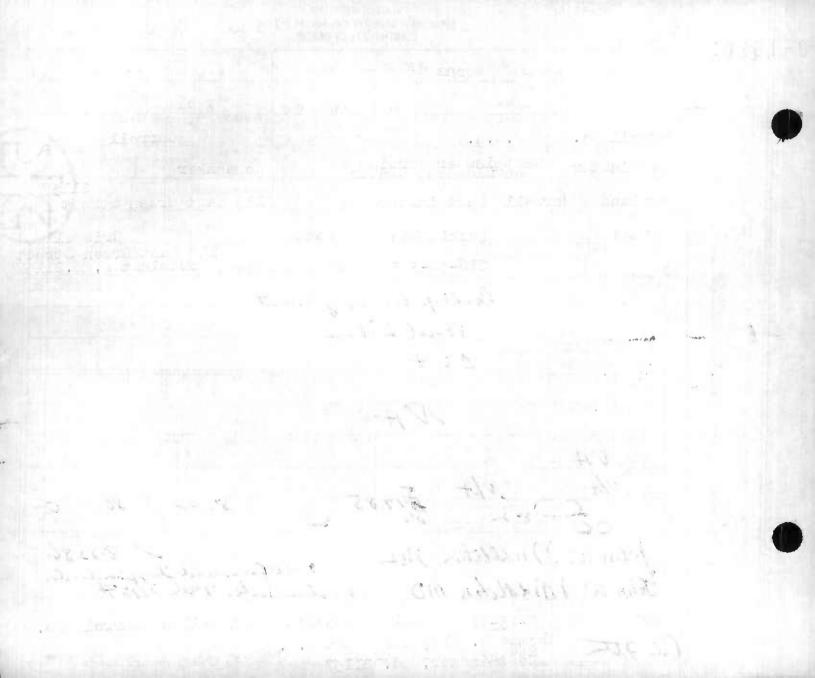
DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR After the should be detailed for one or the buy with the State Dept. of Health and M. MPORTANT, If hem 21 is marked at

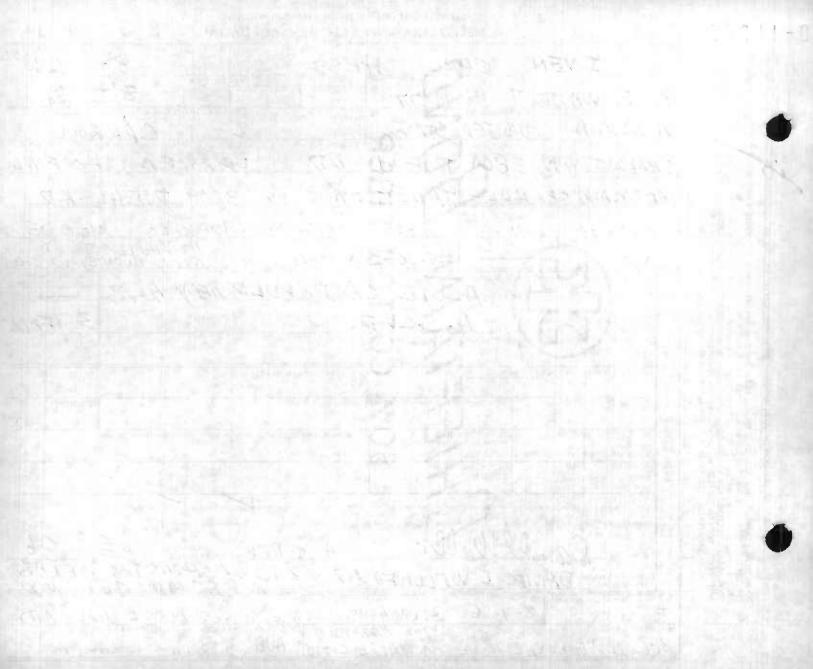
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etety filled in by the funeral director, page 3 2 should be filed with the hours after death



			FOR	DEPARTME	NT OF HEALTH AND MENTA	LHYGIENE		
0-11	375	1-	STATE REGISTRAR		AMINER'S CERTIFICATE	2.3	2301	8
0	1010	1. DE	CEASED NAME FIRST	WIDDLE	LAST	2a. DATE KNOW	WN MONTH DAY YEAR	IN HOUR
	w.io.	(TYP	E OR PRINT) TUEN	( DDI	NECC	OF EST DEATH MAT	5 0	1802
	PLEASE CTOR. FILES. HOURS	3 SEX	The second of	DATE OF BIRTH 6 A	AGE (IN YEARS   IF UNDER 1 YR.   IF UNI	DER 24 HRS - 2c. DATE	MONTH DAY YEAR	2d HOUR
	REC NR F ST ST ST	M	1115 11/2 1	MONTH DAY YEAR I	AST BIRTHDAY) MONTHS DAYS HOURS	T MIN. PRONOUNCED	3/2 1,86	Zu HOOK
	SSARY RAL DIR R YOU HIN 72 ESTON	101	ALE WHILE		7 YRS.	DEAD	1900	M
-	ECESSARY, PLEASE NERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	70.81	REIGH COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MA	ARRIED   9 BALTIMORE	CITY OR COUNTY OF DEATH	
	ANT S	VI	126/11/17	1101751 211		ORCED D	CAKE BLL	MD.
	SHEET	10. CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HE NOTING SUCH FACILITY. GIVE STREET	ADDRESS)	12a USUAL OCCUPATIO	TYPE OF WORK 126 KIND OF BU	ISINESS RY.
18	SE TOE	1	4NEDITOWN:	3804 DIF	- HI 1277	LA BORF	EN KOOF	116
10	DE CONTRACTOR	USUA 13a. S	ATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFO	RE ADMISSION) TOWN. 13d INSIDE CITY LIMIT	STREET ADDRESS	21181	
2 2	SEEDE	M	ORYLAND CARY	201- TAN	EYTON YES NO		DIEHLRI	7
9	THEN !	14. FA	THER'S NAME	ANDDLE LAST	15. MOTHER'S MA	IDEN NAME MIDDLE		
1	BUSEZIOC		GEORGE	W. HA	SS MAGGI	E WOMP	ER MEAT	)E
WO	SAC S	16s. V	VAS DECEASED EVER IN U.S. ARMED	FORCES? 166. SOCIAL	SECURITY NO. 17 INFORMANT	1/2 AD	DRESSOUTH STAP	<u> </u>
1	S S S S S S S S S S S S S S S S S S S	("	(IF YES, GIVE WAR	224-1	20-2518 CARLA	HESS CLE	N BURNIE MD	21/1
2	MES AF		18 CAUSE OF DEATH (Enter only or	ne cause per line far (a), (b), an		. 11000 (3(15)	APPROXIMATE	E INTERVAL
175	0708#		PART I DEATH WAS CAUSED BY	nout	- CADDIN DI	I'M MANDON	A DOLL BETWEEN ONSE	T AND DEATH
Ď.	September 2		IMMEDIATE C	DUE TO, OR AS A CONSEC	DUENCE OF	Jan Outly	144	Notice .
52	AMST PEND		Canditions, if any, which	A. C.	11.17		2 Ve	400
	2.ラニルトル		gave rise to immediate cause (a) stating the under-	(b) DUE TO, OR AS A CONSEC			1/2	2015
201 V	EXA/ EXA/ EXA/ EXA/ EXA/ ON, O	100	lying cause last.	DOE TO, OR AS A CONSEC	DUENCE OF			
	EXECU NG" III CAL E BURI A AND		BART 2 OTHER CICHIELCANT COMMITTONS CONT	(c)	O THE TERMINAL DISEASE OR CONDITION GIVEN I			
RECORDS,	ULD BE EXECUTED "FENDING" IN PER PEDICAL EXAMINED AS A BURIAL-THAITH AND MEN AL, CREMATION, O	Z	TAKE E OTHER SIGNIFICANT CONDITIONS CONT	KINDTING TO DEATH BUT NUT KEENIEU I	O THE TERMINAL DISEASE OR CONDITION GIVEN I	N PART 1 to		
REC	MEDII MEDII MEDII D. AS A MEDII MEALTH	CERTIFICATION	196 DATE OF OPERATION	TION CONDITION FOR WHI	CH OPERATION WAS PERFORMED?		20 AUTOPSY	2
VITAL	THIS CERTIFICATE SHOULD  "WRITING THE WORD "PEI WARDED TO THE CHIEF M PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEAD 21201 PRIOR TO BURIAL, C	2			errorem transferrorem.			
Y .	NA BE	ERT	21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	1214 HOW INJURY OCCU	RRED LENTER NATURE OF INJURY IN	YES 🗆	NO X
90	AH SHE		UNDERLYING OR	HOUR A.M. MONTH DA	Y YEAR	KKED (CINICK INCIDAE OF HAJOR) IN	HEM 16 PART I OK PART 2)	
Si	CERTIFI TING 1 3 SHO DEPAR I PRIOR	MEDICAL	CONTRIBUTING CAUSE OF DEA	TH P.M.  21e PLACE OF INJURY (A	19 THOME, 21f. LOCATION			
DIVISION	SETTING OF THE PROPERTY OF THE	WEL	WHILE NOT WHILE	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	WR WR PAGE		AT WORK AT WORK					
			22a. I certify that I took charge of	f the remains described above, I	neldan Autapsy 🔲, Inspe	ction . Inquiry .	and in my apinian	
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: (, WITH THE?		death resulted fram Natural co	couses , Accident	, Suicide , Hamicide	Undetermined manner		
	POR WAR			1011 NO -	JITLE (SPECIFY		000	5.1
	A HOTEL		ACTUAL SIGNATURE A MELLEN	x World	1 MASSY 17	E MEDICAL EXAMINER	DATE	,6
	A SPETET	12.7	EXAMINER'S NAME TO DATE	me of the se	AND 7	OMD CALI	VOTAN HEE	AR
	TO MEDICAL EXECUTE THE PAGE 4 SHOUNT TO FUNERAL AFTER DEATH, BALLIMORE, M		(TYPE OR PRINT)	ELT MELL	IVEL ADDRESS	PNECTO	NCTENU	m
	DAY OF A	23a.81	JRIAL, CREMATION, REMOVAL 236. D	-4		23d LOCATION	COUNTY	
07/84	BP	T	Burial 8	-7-86 GLE	N HAVEN MEMG	FDNS CLENBU	RNIE AA. N	ATE
25M		24 FL	INERAL DIRECTOR	237	E PATAPSCO 250 DA	TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE	1
				ADDRECE				
	DHMH - 17 (VR A15 ME (5))	M	CULLY FUNERA	L HOME BALL	TIMORE 21725 A	UG 5 1986 F	in Deviden Bande	

CTATE OF SEAMS



TORIC AND DEFENDED FOR A SECOND OF THE PARTY A CONTROL OF STREET OF THE STREET STREET Management , There is a compression and a superior of the larger than the company of the company Torrest Strongs on Page 1977

FOR 1 - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF D	EATH	REG. NO	).		
	CEASED NAME FIRST TOOM OF PRINT)	1	irginia	Hou	CK		20. DATE OF DEATH	MONTH	25 1986	3:10 P M
3 SE	Female	RACE W	nite	5. DATE C		YEAR / Y	6. AGE (IN YEARS LAST BIR	YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
IV.	laryland	4		WIDOWE		ORCED	9 BALTIMORE CITY O	Cour	154 OF DEATH	MD
	westminster	Par CO	HOSPITAL, NURSIN	yDDRESS)	en esal t	ESNITA!	TYPE OF WORK FOR MOST O  Bookkee	WORKING	INDUSTRY	OF BUSINESS OR
Ms.	AL RESIDENCE (IF NURSING HOME OF CATALOG LAND)	TY	Sykesvi	L-	13d. INSIDE CI	NOX ON	13e.STREET ADDRESS / 593 Nola		Dr. 21	1784
	John	AIDDLE	Chaney			artha	WIDDLE		Shaw	ST
	NAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	212-30-		Elmen		Houck , Sa			
	18 CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE	S BY: E CAUSE (0)	line for (0), (b), and ARDIOPUL RAS A CONSEQUE	monk	RY AK	REST			APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b)_	BNCTERIA R AS A CONSEQUE	92-11	ENING!	75				
NOI	PART 2 OTHER SIGNIFICANT CO	EUITUS CO	ONTRIBUTING TO D	ALBUI	NOT RELATED	TO THE TERM	INAL DISEASE OR CONI	ONOITIC	GIVEN IN PART 10	0.
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITIÓN FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?  YES NO	INCER	YES, WERE FINDI TIFYING CAUSES YES []	
_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 1	8 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC.)	211 LOCATIO STREET	IN E	CITY OR TO	NN Lac	COUNTY	STATE
	220.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	8/2	19 8	6/,01	nd that (my)	, 19 <u>86</u>	death occurred on the do	ote and h		that (I) (iii) last causes stated

TO FUNERAL DIRECTOR: should be detached far with the State Dept. of

DHMH - 16 60M 7/B4

(VRA 15, 4)

MPORTANT: If he

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

8-28-1986

231. NAME OF CEMETERY OR CREMATORY New Cathedral

22e. ADDRESS

DEGREE

Baltimore

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY Md".

221 DATE SIGNED

CharTes W.Burrier, Jr., Sykesville, Md.

5

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENS
CERTIFICATE OF DEATH

6	2	3	U	2	

1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL H	0 6	REG. NO.	302	1
	CEASED NAME OF PRINT)	CE s.	SHATZER	1<	KOPP	20 DATE OF DI		8 866 4	HOUR Y 30 pm
1.56	Finale	Uh.	ITE	S. DATEO	F BIRTH 6 VEQ1	- 2	YRS	MÖNTHS DAYS HO	UNDER 24 HRS
2	RTHPLACE (STATE OR FOREIGN COUNTRY) [ARYLAND	U.S.A	WHAT COUNTRY?	WIDOWE			CITY OR COUN	CARROLL	MD.
1 W	ESTMINSTER	CARROL	ELIA COUNTY A	GENER	AL HOSPITAL	120 USUAL OC (TYPE OF WORK FO	OR MOST OF WORKING	G LIFE) 126. KIND OF BI	
13a. S MA	RYLAND CA	ME OR OTHER INSTITUTION OUNTY	130 CITY OR TOWN WESTMINS	4	134 INSIDE CITY LIMITS!	CARROLL	DRESS / ZIP CO	AN VILLAGE	/21157
/	ATHER'S NAME FIRST  MILTON	WIDDLE	SHATZER		15 MOTHER'S MAIDEN FIRST  LUCTNDA	A	MIDDLE	CAREY	
	VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE NO	NONE	215-36-		17 INFORMANT LOIS SEBAST		331 TONICESTMINS		
7	18 CAUSE OF DEATH LEnter PART I. DEATH WAS CA	er only one couse pe NUSED BY DIATE CAUSE (0)	r line for (o), (b), and	-	TION			APPROXIMAT BETWEEN ONS	E INTERVAL
No	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost  PART 2 OTHER SIGNIFICA  CATROLOGY	DUE TO, C	ONTRIBUTING TO D	NCE OF	TIC ABBUDG	ERMINAL DISEASE C	A OF BO		
CERTIFICATION	190 DATE OF OPERATION			OPERATION WAS PERFORMED 200 AUTOPSY?				YES, WERE FINDINGS RTIFYING CAUSES OF YES \( \)	
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAL	F DEATH HOUR A		Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATUR	E OF INJURY IN ITEM	18 PART I OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE, FA	RM ETC )	21f LOCATION STREET	(	CITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this has sow the deceased alive bove (II) we) idid did		47	36e , on	2 2 19 Sid that I (my Dour) opini		on the date and h		ses stoted
	276 SIGNATURE	8 Ann	han 1	no		MEDICAL DIRECTOR	STAFF PHYSICIAN	226. DATE SIG	86
		consins			215 WASHI			STMNST	35
	BURIAL, CREMATION, REMO	236. DATE 8/12/			EMETERY OR CREMATOR	CUMBE	RLAND	ALLEGANY	STATE MD
24. FI	NAME DIRECTOR HAT	RTZLER	NEWESWI	NDSOF	R, MD 250	UG 12 1	B Gulia	Davidson-Nano	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



8728 Liberty Road Randallstown, MD 21133-4784

(VRA 15, 4)

STATE OF MARYLAND

certificote be

ATTENDING PHYSICIAN: The low

STATE OF MARYLAND

0)

1 - STA				DEPARTA		ICATE OF DEATH	REG. NO	2 3	V &	. 9
	ED NAME	FIRST	A	AIDDLE	1	AST	20 DATE OF DEATH	MONIH D	AY YEAR	26 HOUR
(TYPE OR PR	E-	thel		V.	LE	EISTER		8 2	3 86	N
3. SEX			RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS
F	emale		Cauc.		MONTH 2	15 98	88	YRS	UNINS DATS	HOURS MIN.
7a BIRTHE	PLACE (STATE OR F	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIEI WIDOWE	DIMEVER MARRIED DIVORCED	9 BALTIMORE CITY O			MD
West	minster	· M	lestmi	nster N	ADDRESS) Jursi	ng Center	120 USUAL OCCUPATE LITYPE OF WORK FOR MOST O HOUSEW	E WORKING LIFE	INDUSTRY	F BUSINESS OR OME
USUAL RE	E	136 COUNTY	roll	GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS A		211	57
14 FATHE	r's name First Noah	MID	DLE	Cutsai	11	is mother's maiden nai	MIDDLE E		Strin	
(YES. N	DECEASED EVER	IN U.S. ARME		218-40-		Donald Lei	stminster ster, 375	N.C	oloni	
	PART I. DEATH W	AS CAUSED E	CAUSE (a)	ARDIORI AS A CONSEQUI	ENCE OF	NACY ARR	EST		BETWEEN	IMATE INTERVAL DINSET AND DEATH
go	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.		DUE TO, OR AS A CONSEQUENCE OF  (c) HYPERTENSION					Ye	ves	
	RT 2 OTHER SIGN	NIFICANT CO	nditions <u>co</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	EN IN PART 10	2
CERTIFICATION 13a	DATE OF OPERA	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO	IN CERTIF	, WERE FINDIN YING CAUSES	
0.0	ACCIDENT WAS UNE	CAUSE OF DEATH		FINJURY M. MONTH D. M.	AY YEAR	31c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PA	ART I OR PART 2)	
W W	INJURY OCCURI	ILE	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC )	214 LOCATION STREET	CITY OF TO	NWN	COUNTY	STATE
22 a	saw the decease above, (!) (we) (c	ed alive on		e deceased from19		nd that in (my) (aur) opinion			and from the	
226	SGNATURE A	W-7	e	10 ~	~	DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		8/2	SIGNED

IMPORTANT: If Hem 21 is marked or Henral 8 shows any injury, or other traumatic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicis should be detached for use as the buriol-transit permit. Then please remove corbon paper with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal. retained by the haspital or attending physician TO HOSPITAL BP.

ector, page 3

DHMH - 16 60M 7/B4 (VRA 15, 4)

RUDO 23a BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 236. DATE 26/86

24 EUNERAL DIRECTOR

231. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

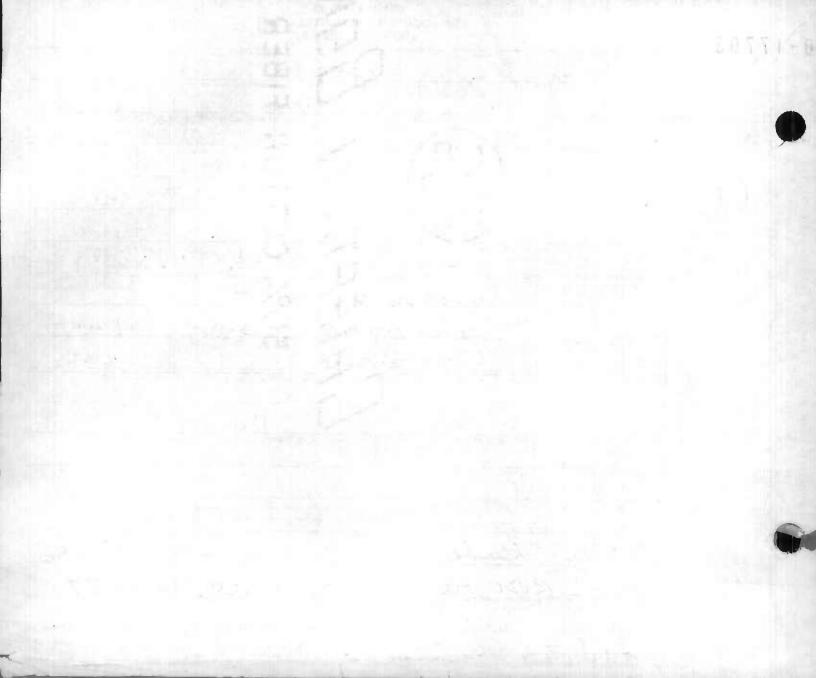
ZUINTZZZW

23d LOCATION CITY OR TOWN

STATE

Tanevtown

heran Tanevtown Carroll A 756 DATE REC'D BY REGISTRARY SI REGISTRARY SIGNATURE



MONTH 2b. HOUR 9 BALTIMORE CITY OR COUNTY OF DEATH

Carroll Co. 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

12b. KIND OF BUSINESS OR Education

4750 Stonesifer Rd./21787

Walkup 4750 Stonesifer Rd.

mhini

Tanevtown. MD 21787 APPROXIMATE INTERVAL

> 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

COUNTY STATE

and that up (my) (aur) opinion death accurred on the date and hour and from the couses stated 22c. DATE SIGNED

PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial Aug. 26.1986 Rest Haven Cemetery

Hanover, York, Pennsylvania

24 FUNERAL DIRECTOR

FOR

Skiles Funeral Home

136 E. Baltimore St. Taneytown, MD 21787

DHMH - 16 50M 1/81 (VRA 15, 4)

OU Clarence 12 do.

morthopped to the member of the Interior Terminal of Cornell the Terminal Cornell to

regions Carroll Carrotter id. 1917a7

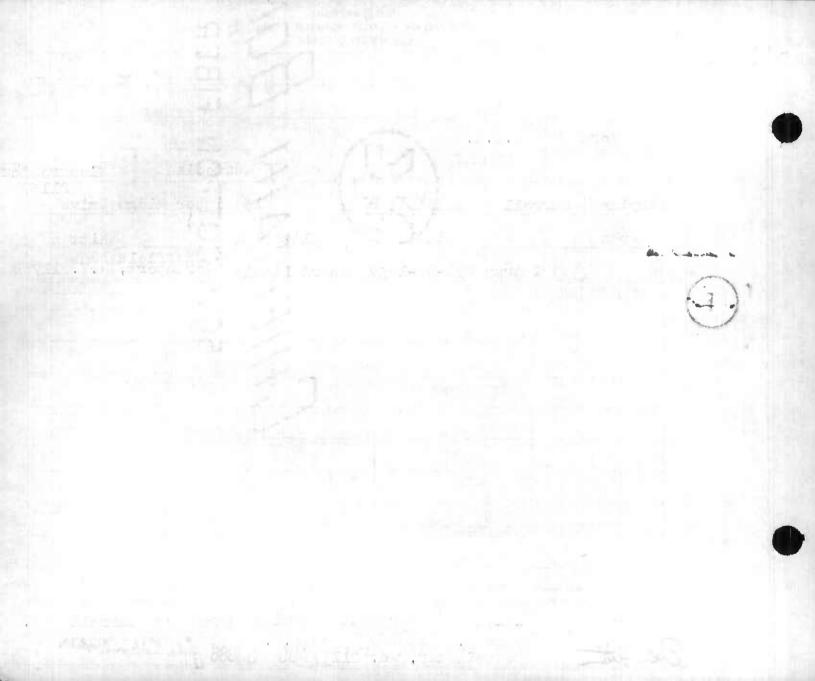
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Compared to the contract of th

with the 26, 1966 lest save and thrower, York, Conners wether

The comment of the state of the control of the cont

		FOR	DEPARTA	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY(	GIENS 6 2 3	0 2 5
11015		STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
noy be		OR PRINT)	A.	Little	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR 620 M
ge 4 mo)	3. SE	male	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  97	6 AGE (IN YEARS LAST BIRTHDAY)  R 9 YRS	MONTHS DATE HOURS MIN.
leoth. Pag in 72 hour		RTHPLACE (STATE OR FOREIGN ONEW York	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY	OF DEATH MD.
s ofter deo	10 C	14Stminster	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)  PORT OF THE PROPERTY OF	(TYPE OF WORK FOR MOST OF WORKING LIF	12h KIND OF BUSINESS OR INCOMPY Teleph & Llectroni
24 hours	13a. S	TATE 1136 COUN	other institution give residence before try 13c city or tow Westmi	AOMISSION) N 13d. INSIDE CITY LIMITS? NS TELYES X NO	13. STREET ADDRESS / ZIP CODE 15 Timber Ri	21157 dge Drive
d within npletely for a short of short		THER'S NAME  FIRST  John	MIDDLE LAST LAST LAST	15 MOTHER'S MAIDEN NA	MIDOLE	Whitten
and con	1	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES)		29 Sheffi	eld Lane
quires that the death certificate signed by the other control from please remove control to buriol cremation.	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b) DEBLO  DUE TO, OR AS A CONSEQUE  (c) A DEMO	ENCE OF		(EN IN PART 1/o
he low re on. has been t permit ene priar	CERTIFICATION	196 DATE OF OPERATION	198 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
PHYSICIAN: The ending physicion this certificate he buriol-tronsit ad Mental Hygies d or frem 18 show	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RRED (ENTER NATURE OF INJURY IN ITEM 18. I	PART T OR PART 2}
or oth or oth se as the sealth or morke	MED		(AT HOME STREET, FACTORY, OFFICE F	ARM ETC ) STREET	city or town	COUNTY STATE  19, that (I) we last
O HOSPITAL OR ATTENETIONED by the hospital of FUNERAL DISECTOR should be detached for us with the State Dept. of H MPORTANT, if them 21 is		226 PHYSICIAN'S NAME (14PE C	According to the body after death.	DEGREE  ATTENDING PHYSICIAN    22e ADDRESS	MEDICAL STAFF  DIRECTOR   PHYSICIAN	221. DATE SIGNED 8/5/66
TO HO retaine TO Fu should with the IMPOR	23a	BURIAL, CREMATION, REMOVAL	23b DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
DHMH - 16 60M 7/84 (VRA 15, 4)	2900	SPECIAL DIRECTOR	Thomas D. Fle		TERECO BY REGISTRA 236. REGIST	



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIFICATE OF DEATH	REG. NO.		
1. DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
(TIPE ORPRINT)	Howell	Clarence	Lovel1	lug 29: 1	986	107AM
3. SEX	4 RAC	DE .	5. DATE OF BIRTH	6 AGE (INTERES LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Male		White	1/27/1903 YEAR	83 yrs.	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (ST.	ATF OR FOREIGN 76. CIT	IZEN OF WHAT COUNTRY?	8	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
Marvlar	nd U	.S.A.	MARRIED NEVER MARRIED DIVORCED	Carrol1		MD

WIDOWED DIVORCED | NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH

Main St.

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12b. KIND OF BUSINESS OR INDUSTRY Self-Employe Barber

13e.STREET ADDRESS / ZIP CODE 222 Main St. 21776 15. MOTHER'S MAIDEN NAME

13b COUNTY New Windsor Maryland Carrol1 MIDDLE William Dallas Lovel1

CAUSE OF DEATH (Enter only one couse per line for (o), (b), one

IMMEDIATE CAUSE to

166 SOCIAL SECURITY NO 220-18-0558

Catherine F. Lovell

17. INFORMANT

FIRST Ida

> News Windsor, Md. 222 Main St.

Stonaker

NOV 1984

Conditions, if ony, which couse (a), stoting the underlying couse lost.

FOR

New Windsor

No

CERTIFICATION

MEDICAL

FRMINAL DISEASE OR CONDITION GIVEN IN PART TO

	_	-		- NAO (5)	-
0	DATE	OF	OPERATION		191

PART I. DEATH WAS CAUSED BY

21b. TIME OF INJURY

200 AUTOPSY CONDITION FOR WHICH OPERATION WAS PERFORMED

IB. IF YES, WERE FIND I CERTIFYING CAUSE	
YES [	NO 🗌
ITEM TR PART 1 OR PART 21	

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE

220 I certify that (I) (this haspital)

HOUR A.M. MONTH DAY 21e PLACE OF INJURY

YEAR AT HOME STREET, FACTORY, OFFICE FARM ETC )

DEGREE

211 LOCATION

COUNTY STATE

sow the deceased alive on,

(SPECBurial

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (am) opinion death occurred on the date and hour and from the causes stated

\* 8/31/86

23c NAME OF CEMETERY OR CREMATORY Pipe Creek Cem.

Linwood

Md. Carrol1

24 FUNERAL DIRECTOR

Hartzler

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

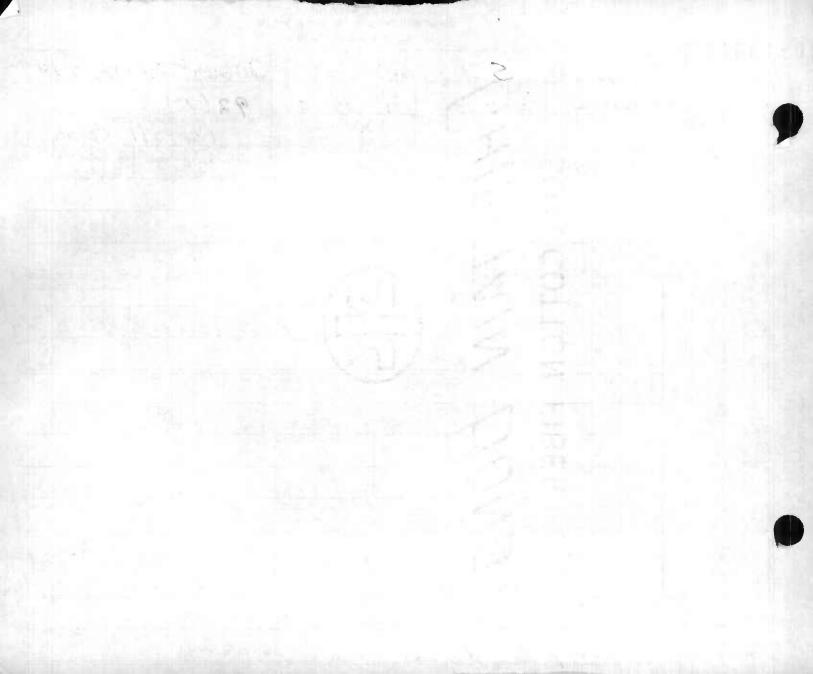
DHMH - 16 50M 4/83 (VRA 15, 4)

New Windsor, Md.

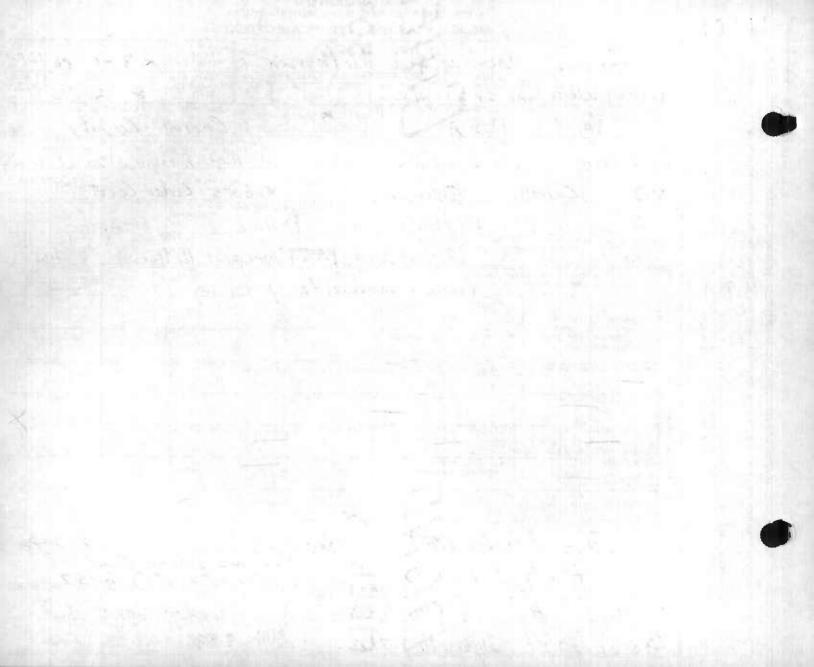


DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

11113-10 201 1881 155 July 27 1886 16 7 1. matter when the land we manufactured by the state of th DE TATE TO THE PROPERTY OF THE PARTY OF THE William Zongol TE out I V +1 , Come Testand His



			STATE OF MARYLA	
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1	4261		EGISTRAR MEDICAL EXAMINER'S CERTIFI	CATE OF DEATH REG. NO.
			EASED NAME FIRST MIDDLE LAST	20. DATE KNOWN   MONTH DAY YEAR 26. HOUR
		(TYP	ORPRINT)	OF ESTI- DE S -1 PL 1300
	OR. URS URS EET,			
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SE)	4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS	IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR 28. HOUR HOURS MIN. PRONOUNCED
	DIRECTOR NO. 2 H		MALE White eg 2137 48 YRS.	DEAD 8 - 2 1986 M
A Delta	3473670	7a. Bl	THPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY?	9. BALTIMORE CITY OR COUNTY OF DEATH
/600	品品の日本	FC	TON COUNTRY)	DIVORCED Carroll County MD
-	2200	10.0	VH. U.S. A. WIDOWED L	
do	単場里の	10. CI	Y OR TOWN OF DEATH  13. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE) OR INDUSTRY
	AND 3 TO THE RETAIN PAGE TOULD BETHER RECORDS 30	9	Idersburg 6005 Cedar Court	Mat. Annalis Social Security
	AN A		RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	220001
-0	Z 2 1 2 8	13a. S		CITY LIMITS? 130 STREET ADDRESS NO \$ 6005 Ledar Court 2/1984
21201				
o o	I . JOY A JOY	14. F/	MIDDLE OR LAST	HER'S MAIDEN NAME  FIRST  MIDDLE  LAST
	E E A I		Genera (1). McPherson Jr.	PAUline Staples
ORI	PAGE FORM ON OF	16a. V	AS DECEASED EVER IN U.S. ARMED FORCES? 5, NO. OR UNKNOW!) (IF YES, GIVE WAR OR DATES)	RMANT ADDRESS Sykesville
¥.		(1	S, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 227 48 3083 ME	I marrant method of mi
BALTIMORE, MD.	SGIZA			APPROXIMATE INTERVAL
	B= 10	130	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
TS I	(三五章是苦)		IMMEDIATE CAUSE (a) Larbon monoxid	e poisoking
301 W. PRESTON ST.,	SESTS.	. 7.	DUE TO, OR AS A CONSEQUENCE OF	
ES	三二品 第五名		Canditians, if any, which	
4	ENCIL AMINE TRAN ENTAL		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
3		-	lying cause last.	
30			(c)	
DS,	JID BE EXECUPENDING" IF MEDICAL IED AS A BUR HEALTH AND REMATION, OR		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITI	ION GIVEN IN PART 1 (a),
0	BE IDDIN	Z		
SE CO	HEAL A	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFO	DRMED? 20. AUTOPSY?
- AL	CHIEF USE	FIC.		
5		1 =	AN YOUR OF BUILDING	YES NO
9	CATE WE WO THE WO BURNENT	Ü	THOUGH A MANONITH DAY YEAR	RY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
Z	E F O O & F	X	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	
DIVISION OF VITAL RECORDS,	FO TO	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
2	VRITING VRITING ARDED GE 3 SI (TE DEP.)	3	WHILE NOT WHILE STREET, FACTORY, CAPITALIST STREET	CITY OR TOWN COUNTY STATE
	WANA AG		AT WORK AT WORK	
	E S.		22a. I certify that I taak charge of the remains described above, held an Autopsy .	Inspection, Inquiry and in my apinian
TOPS .	A DES		death resulted fram: Natural causes , Accident , Suicide Ham	nicide . Undetermined manner .
	REG BEC			
	EXAN CERT OULD B DIRE WITH AARYL		ACTUAL Plan (NAME (1))	T Dant DATE 8-2-86
	CAL EXA THE CER SHOULD SHOULD RAL DIR ATH, WI RE, MARN		SIGNATUR M.D. M.D. M.D. M.D. M.D. M.D. M.D. M.D	MEDICAL EXAMINER SIGNED
	DH 4 NO	1	EXAMINER'S NAME ALLY S BAKEL MAD	380 -140 VIII age Road
			(TYPE OR PRINT)ADDRESS	West MINSTER MAD 21157
	TO A FTE BALI	23a.B	IRIAL, CREMATION, REMOVAL 236. DATE 236, NAME OF CEMETERY OR CREMA	TORY STATE
	BP	1	constinu 2-2-86 Copy//servitor De	were Haustind Christ Mal.
	Dr	1		250. DATE RECID. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE
		24. F	INERAL DIRECTOR	230. WATER BLOOM BY MESSES HARK SOUNATURE
	DHMH - 17 (VR A15 ME (5))	24. F	MERAL DIRECTOR  JAME  JI) Yh LL ADDJESS 1 10 MJ	AUG 4 1988 And String String



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$n_{-}$	81760	1	REGISTRAR	ME	DICAL EXAMIN	R'S CERTIFICATE	OF DEATH	REG NO	d Ein	1
0 0	01143	1. DE	CEASED NAME FIRST		WIDDLE	LAST	Zo. DAT		NTH DAY	YEAR 75 HOUR
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	おおは思いくと	The C	TOR TOWN OF DEATH			OR OTHER INSTITUTION		CUPATION (TYPE OF W	ORK 12b KIN	D OF BUSINESS
	ے مسلم ورد	M	INSTAINSTEA	24	LIRFA	ry cr	Boilei	Ingine	erwha	rs &Sons
-	SON SON	USU	AL RESIDENCE (IF IN NURSING HOME OR			1)			7	20 000110
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		14	HIGHNAN CHI	MADUL	WKSIM	NE MES IN NO	34	LIBER	LTY	5)
W	Y GREET	14 F	ATHER'S NAME	MIDBLE	TAST	15. MOTHER'S MA	DEN NAME	MEDDIE		
M	ASSE THE CO		Bradley		Mille:	Lill	ian	WIDDLE	Tav	lor
Q	Q 19 7	160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES?	166 SOCIAL SECURITY			ADDRESS	17	0155
¥.	E P S S S S S S S S S S S S S S S S S S	1	ES, NO, OR UNKNOWN) (IF YES, GIVE W				17 100	11/11/	n	
ON OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  IFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS MILLISSARY, PLEASE	2052>	Y.				19 KILL	MUEL	14140	1	
	8.8 F. O.		18 CAUSE OF DEATH (Enter only	one couse per line	(ar (o), (b), and (c).)	1 1	V-FINETER			
2	N S S S S S S S S S S S S S S S S S S S	-		CAUSE WAS DATE OF BIRTH MORNING THE WINDER 17 TO THE PROPERTY OF PRONOUNCED COUNTY OF DEATH MATE OF THE PROPERTY OF THE PROPER	EEN ONSET AND DEATH					
ō	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELV. B. LIFES BY HERE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR 18. GIVE PAGE 3. AND 3 TO HEALTH AND PROJECT IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR 3. RETAIN PAGE 5. OF FOR THE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL FRAMINER PROMIT PROMIT PROJECT SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR 3. RETAIN PAGE 5. OF FOR FOR FOR FOR FOR FOR FOR FOR FOR	IMMEDIATE		AS A CONSEQUENCE O	777-0111	-7111-	20011111			
ES	NA SISTEM		Conditions, if ony, which	MEDICAL EXPENSIVE MIDDLE  RACE S DATE OF BIRTH  MONTH DAY  MAY 2  TO CITIZEN OF WHAT COUNTR  11, NAME OF HOSPITAL, NURSI  (IF NOT IN SUCH FACILITY, ONE STREET  113b. COUNTY  MIDDLE  WERE IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)  LAMEDIATE CAUSE (a)  DUE TO, OR AS A CONSE  if ony, which to immediate to middle to the middle to the modernost  (c)  KANT CONDITIONS CONTRIBUTING TO BEATH RUT NOT RELATED  AUSE WAS  OR CAUSE OF DEATH  P.M.  AUSE WAS  OT WHILE  TWORK  ME  DATE  13b. TIME OF INJURY HOUR A.M. MONTH D. STREET, FACTORY, FARM, ETC.  OT WHILE  T WORK  ME  DATE  23c. NAA  N, REMOVAL  23b. DATE  23c. NAA  N, REMOVAL  23b. DATE  23c. NAA  N G S  110 TIME  123c. NAA  12	0/11/11/11	11 11 11 1	1+ 1	11205		AA A AND )
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3	OF TARE	17-		DUE TO, OR	AS A CONSEQUENCE O					
20	PANA SON		Tyring Coose Idsi.	(c)						
DS.	ATINA	2	PART 2 OTNER SIGNIFICANT CONDITIONS CO	NIRIBUTING TO DEATH R	IIT NOT BELATED TO THE TERMIN	AL DISEASE OR COMPLETION CINES IN	DADY 1			Taylor  Taylor  Taylor  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  20 AUTOPSY?  YES NO  ART 2)  DUNTY STATE  PIPINION  PIPINIO
Ö	EMATH	2		DEPARTMENT OF HEALTH AND MENTAL INCOME.  MEDICAL EXAMINER'S CERTIFICATE OF MACRITY CAN BE REPORT OF MEDICAL CLOTY CAN SHEET ADMISSION MONTHS DAYS HOURS NOT THE INSTITUTION OF SHEET ADMISSION HOME OR OTHER RISTITUTION. GIVE SHEET ADMISSION HOME OR OTHER RISTITUTION, GIVE SHEET ADMISSION OF THE INSTITUTION OF OF THE INSTITUTI	PAKI 1 (0),					
2	SA A A B	음	NA DATE OF OPERATION	Too as a second						
AL.	2 FB (4)	2	176. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPERA	TION WAS PERFORMED?			20 AI	UTOPSY?
É	XX2552	#		2.5					Y	ES T NOT
J.	HA HOUNG	1 %	210 EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	21c. HOW INJURY OCCUR	RED LENTER NATURE OF	INJURY IN ITEM 18 PART 1		
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Ž	SE 35. 35	1	WHILE - HOTHING	STREET, FACTO	PY, FARM, ETC.)		CITY OR	TOWN	COHNTY	27.476
0	# A A O E S	-		-43-24					COUNT	STATE
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	THE CAUSE OF DEATH   IN AME OF HOSPITAL NURSING HORSE STORY OF STATE OF STA	Autopsy . Inspect	ian . Inqui	ry . and in n	y opinian					
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	- AFFORE	02. 5		where,	white.	ADDRESS	WHYS	MINE	1 tol	MO
	-war-40	23a.B	PECIFY)				23d. LOCATION		COUNTY	STATE
	BP	1	surial 8	-31-86	Westmins	ter Cemete	ry Westn	inster (	Carro	11 Md.
25M	DHMH 17	24 F	NERAL DIRECTOR The	omas D.	Fletcher	& Son Hat				
	Driver - 17	10	ali I tal	254 Egs	t Wain St					
	(VR A15 ME (5))	1/10	ou - Luci				A 4000	116. 15 . 1	. 70	I PR

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FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 256. BEGISTRAR'S'SIGNATURE

REGISTRAR REG. NO LAST 70 DATE OF DEATH MONTH I. DECEASED NAME 26 HOUR (TYPE OR PRINT) 12:45 Alfred Moore 08-11-86 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX 5. DATE OF BIRTH YEAR Male Black 02-18-95 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Carroll County USA DIVORCED V NORTH CAROLINA WIDOWED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Sykesville Springfield Hospital Center Retired construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
136 STATE 136. COUNTY 136. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore 727 Druid Park Lake Dr. .Apt. A FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDOLE MIDDLE SOPHIE ? JOSEPH MOORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) Springfield Hospital Center Records 214-09-1678 YES APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardio pulmonary failure Minutes IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Multiple decubiti with abscesses Conditions, if ony, which Months gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Primary degenerative dementia, senile onset, with delusions. 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOTY YES 🗌 71a ACCIDENT WAS UNDERLYING 71b TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 71e. PLACE OF INJURY 211. LOCATION CITY OR LOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from August 6 19 85 \_\_\_\_\_to\_August\_11\_\_ 19\_86\_ sow the deceased alive on August 11 above. (I) (we) (did) (did not) view the body after death. 19 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 776 SIGNATUR DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME ITYPE OF PRINTS Shahida Siddiqi, M.D Springfield Hosp. Ctr., Sykesville, MD 21784 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN GARRISON FOREST 08 - 14 - 86BURIAL BALTIMORE, MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

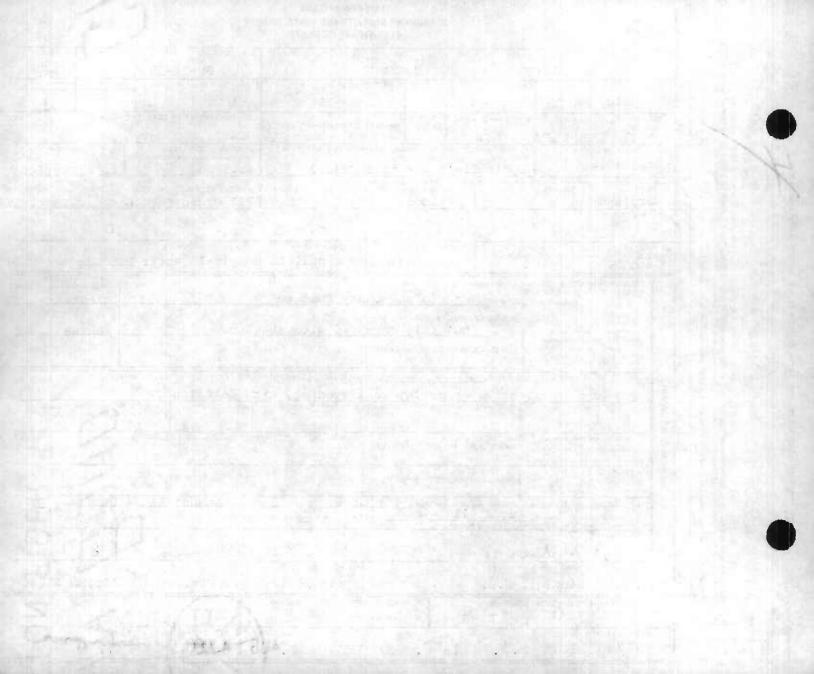
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24 FUNERAL DIRECTOR

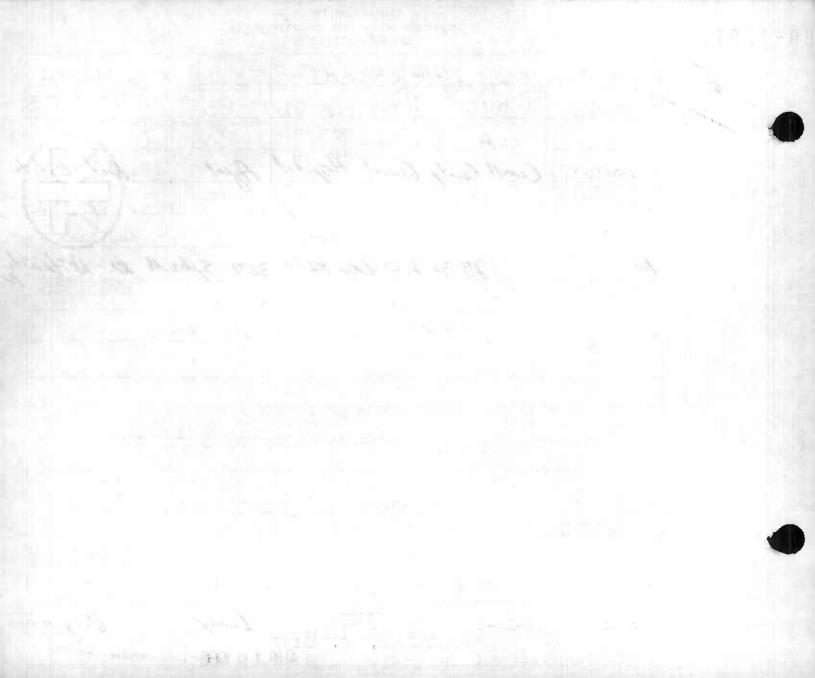
BROWN THOMPSON F.H. 1913 W. BALTIMORE



00-15490	1 -	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IBNE 6 2	3 0 3 1
e 4 moy be		CEASED NAME FIRST OR PRINTI LEAMON	N Roy RACE White	S. DATE OF BIRTH  MONTH HAVE DAY 96 YEAR	20. DATE OF DEATH MONT  8  6. AGE (IN YEARS LAST BIRTHDAY	/13/86 9.00 PM
deoth. Pogi tuneral direction 72 hours		RTHPLACE (STATE OR FOREIGN 7) COUNTRY) VIYOUMA ITY OR TOWN OF DEATH 1	S. A.	8. MARRIED NEVER MARRIED WIDOWED DO DIVORCED CHOME OR OTHER INSTITUTION	9 BALTIMORE CITY OR CO	
hours ofter have selected with the be filed with	USU	Sykes ville	(IF NOT IN SUCH FACILITY, GIVE STREET CAVACLE COLLING	DDRESSI Gen. Hospital ADMISSIONI	(TYPE OF WORK FOR MOST OF WOR	INDUSTRY FARMOR
AORE, MARYLAND executed within 24 and completely fillecages 1 and 2 shoold edical examiner ms	14. FA	Virginia Rusi ATHER'S NAME FILLDING VAS DECEASED EVER IN U.S. ARM	sell Clevela Musick	nd YES NO NA  IS MOTHER'S MAIDEN NA  Armalda	Route 2 BC	Gilbert  Coemillas. Sytesville
, 201 W. PRESTON ST., BALTIM res that the death certificate be e ned by the ottending physician o n please remove carbonapapers. Pa viral, cremotion, or removal. y, or other traumatic event, the me		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUEI  (b) Organic  DUE TO, OR AS ACONSEQUEI  (c) CARAGO VI	arrest = atrial	fibrillation me_ history	APPROXUATE PITERVAL BETWEEN ONSET AND DEATH  4 years  4 years  4 years
OF VITAL RECOR	AL CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER NOTH'S MEDICAL EXAMINER)	19b. CONDITION FOR WHICH (  21b. TIME OF INJURY HOUR A.M. MONTH DA	21c HOW INJURY OCCURI	200 AUTOPSY? 200 IN THE PROPERTY OF THE PROPER	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO SEEM 18 PART I ORPART 2]
DIVISION TIENDING PHYSIS TIENDING PHYSIS FIGURE After this ce focuse at the burn de Health and Meri	MEDICAL	21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK  220.1 certify that (I) (this haspita saw the deceased alive an above, (I) (we) (did) (did not)	21e. PLACE OF INJURY LATHOME, STREET FACTORY, OFFICE, FA bl) ottended the deceosed from	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TO HOSPITAL OF A Perior of the Hospital OF Each of the Should be described with the Store Destruction of the Store Destru		276 SIGNATURE  JUGUSTIN C  276 PHYSICIAN NAME (17PE ORI  JUGUSTIN I	2	DEGREE ATTENDING PHYSICIAN DE P	MEDICAL STAFF DIRECTOR PHYSICIAN  FROM SYKESVIX	- / /
999 DHMA 16 50M 4/83 (VRA 15, 4)	24 FI	Removal UNERAL DIRECTORLOTING	August 14,86Fie	ame of cemetery or crematory diding Musik Fam. (crectors, Inc. 250 DATE D. 21133	23d LOCATION CITYORTOWN CEM. Cleveland EREC'D. BY REGISTRAR 256. R	Russell Virginia



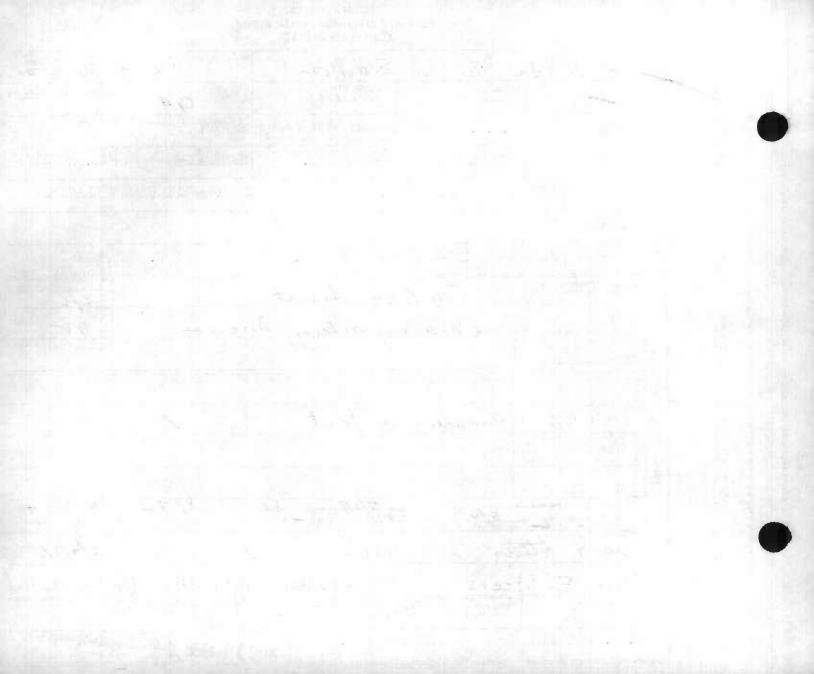
-15617	1-	FOR STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 3 0 3 2
-13011	d	REGISTRAR  LAND NAME FIRST	CERTIFICATE OF DEATH  REG. NO.  MIDDLE  LAST  20. DATE OF DEATH MONTH DAY YEAR 26, HOUR
1 11	1	Reed Mort	tha Idella Reed 8-15-86 0701 M RACE IS DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) I FUNDER 14 HORS
4	_	Female	White of do 98 88 yrs. MONTHS DATS HOURS MIN.
199		RTHPLACE (STATE OR FOREIGN 76 OUNTRY)	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED OF MARRIED MARR
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24 hour filled in bould be f	13a. S	RESIDENCE (IF NURSING HOME OR OTH TATE	LIMOR RESIDENCE BEFORE ADMISSION)  134 ENY OR TOWN  134 INSIDE CITY LIMITS?  130 STREET ADDRESS / ZIP CODE  2/33/ LIMOR RESIDENCE BEFORE ADMISSION)  130 OR WESTMINSTER PIKE
Semile Selving	14 FA	THER'S NAME David	15 MOTHER'S MAIDEN NAME
n and completed		VAS DECEASED EVER IN U.S. ARME ES, TOP UNKNOWN) (IF YES, GIVE W	D FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
ertificate b 19 physiciar 2011 papers. removal. : event, the		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B	
equires that the death a signed by the attend. Then please remove con the burial, cremation, o injury, at other troumat	NO	Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.  PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
no. hos been no permit.	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
PHYSICIAN: The ending physicio this certificate to burial-transit the burial-transit defined Hygie dor Item 18 should burial the public than 18 should burial than 18 should bur		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19
d = + e D	MEDICAL	21d INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	216 PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET CITY OR TOWN COUNTY STATE
N S S S S S S S S S S S S S S S S S S S		22a. I certify that (I) (this hospital) saw the deceased alive an abave, (I) (we) (did) (did netwo	2 14 19 6 and that in (my) (quir) anymon death occurred on the date and hour and from the course stated
10 0 0 0 0		276. SIGNATURE OLWIGOU	DEGREE  ATTENDING APPLICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
V . F			22e ADDRESS
PITAL by th ERAL State ANT: I		22d PHYSICIAN'S NAME (TYPE OR PR	DU NACIANNA 700 A pode Rd. Westminster MD
O HOSPITAL etoined by th TO FUNERAL should be dete with the State MPORTANT: I	23a E	etitruettet	ALL ALL AND



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nay be		CEASED NAME	LDA	a 5.5	WIDDLE	SAZ	LORION	2a. DATE C		106 -	YEAR 26. HO	JE 74
ge 4 mo)	3. SE			WHITE	X - 1 (c)	5 DATE (	FEIRTH YEAR		YEARS LAST BIRTHDAY)	IF UNDER	DAYS HOURS	
eoth. Pourerol dir	7a. B	IRTHPLACE (STATE OR	FOREIGN	U.S.A.	WHAT COUNTRY?	MARR WIDOW	b □ NEVER MARRIED   DIVORCED	CÂRR	BECITY OR COL	INTY OF DEA	ATH	<u> </u>
by the fulled with		ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSINGH COUNTEYREE		OR OTHER INSTITUTION	SEAMS	OCCUPATION FRESS OF WORK	ING LIFE) STAN	IND OF BUSIN	
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n and co	NC	WAS DECEASED EVER		MED FORCES?	217-10-98	374 NO.	HELEN P. GA	RBER	ADDRESS 3 W. UNION	BRIDG	E. MD	
physicia on papers emoval.		18 CAUSE OF DEAT PART I. DEATH W		nly one couse pe ED BY TE CAUSE (o)	Carde	ac	Arrest			BE	APPROXIMATE INTE	D DEAT
that the death c d by the attendir ease remove carl iol, cremation, or		Conditions, if any gave rise to imm couse (a), static underlying cause	nediate ig the last	(b) DUE TO, O	OF AS A CONSEQUE	ENCE OF		) isea			90	
The law requires ician.  Ician.  Is to be seen signe with the parameter to bur shows ony injury, it is to be	CERTIFICATION	190. DATE OF OPERA	VOI V	196 COND Gan	OITION FOR WHICH		NOT RELATED TO THE TE	20a AUT	OPSY? 206. II	F YES, WERE ERTIFYING CA	FINDINGS USE AUSES OF DEA NO [	TH?
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R ATTENDIN haspital or RECTOR: Af red for use or spt. of Health		22a. I certify that (I) saw the decease above, (I) (ver) (c					nd that in (my) (and apinio	on death accurr	8/7 ed on the date and			toted
by the ERAL DI ce detach State De ANT: If H		Jelis E	Ac	ees		m	ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL	STAFF PHYSICIAN		DATE SIGNED	
TO HOSPITAL retained by TO FUNERAL should be de- with the State	730		Ξ, δ			LANE OF C	222 Wast			West	muste	u
BP		BURIAL CREMATION,		23 08/09	)/86 Ľť	THERAI	MEEMETERY, OR			CARRO		
DHMH - 16.50M 1/81 (VRA 15, 4)	24 F	UNERAL DIRECTORY	TZLER	LATE:	UNION	BRID	GE, MD 250 D	ATE REC'D. BY	REGISTRAR 255, REG	GATRAD'S SI	CHANGE	•

STATE OF MARYLAND



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23b. DATE (SPECIFY Cremation 8-4-1986 Security Process Catonsville Balto . Md. 24 FUNERAL DIRECTOR Charles W. Burrier, Jr., Sykesville, Md. DHMH - 16 60M 7/84 Julia Deviderno Ko (VRA 15, 4)

STATE OF MARYLAND

2b. HOUR

17h, KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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22c. DATE SIGNED

IF UNDER 24 HRS

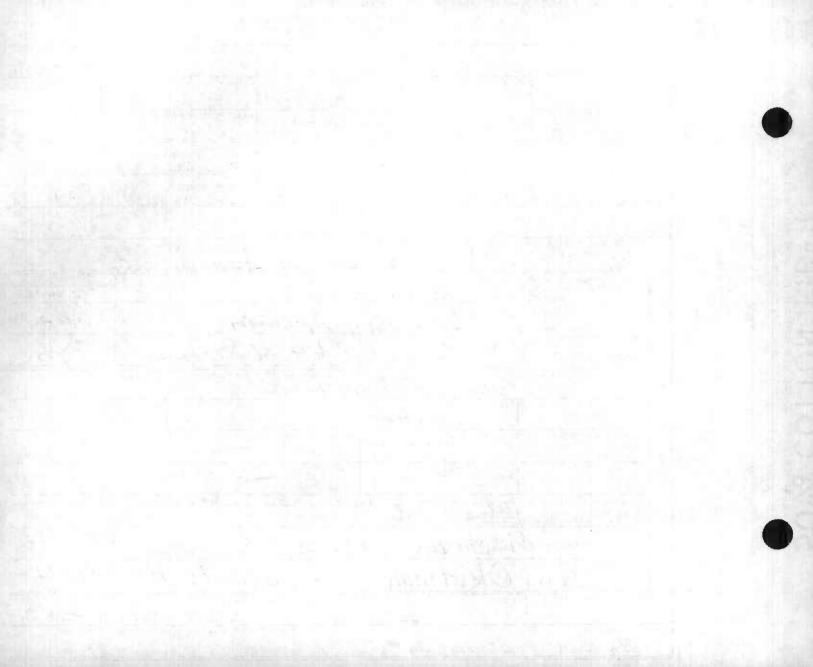
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 15523 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH 1. DECEASED NAME MIDDLE 2b. HOUR (TYPE OR PRINT) Catherine Schwinger -12 - 866:00pm 3 SEX 4 RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS MONTH YEAR 09 - 22White Female M BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWEDX DIVORCED [ Carroll County II. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 2832 Lake View Avenue Svkesville Homemaker Domestic 13h COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 12346 Old Penman Road Pennsylvania Franklin Wavnesboro NOT 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Bowling John Charlotte 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2832 Lake View Avenue 16b SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) NO 40 1862 Sykesville, MD 21784 161 Lois Welsh 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). PART I, DEATH WAS CAUSED BY One muce IMMEDIATE CAUSE (D Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g IFICATION 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 2.25.86 per NOX NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART ) OR PART 2) OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an and that in (my) (aur) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) (few the body after death 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN TO FUNERAL Eshould be deto PHYSICIAN 22d PHYSICIAN'S NAME LITTE OF PRINT 22e ADDRESS IMPORT/ 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION CITY OR LOWN WASHINGTON TOWN. FRANKLIN PA BP BURIAL HARBOUGH CEMETERY 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR HMH 16 30M 2/80 (VRA 15, 4) HAIGHT FUNERAL HOME SYKESVILLE, MD 21784 Contractor portion



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FOR - STATE

REGISTRAR

13 STREET SORRESS FARCEDE WAY GLESSNER ADDRESS Spowfall Way Md. APPROXIMATE INTERVAL HISTOCYTIC LYMPHOMA PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 19 Co\_ thotal (we) lost 19 ond that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF PHYSICIAN - DIRECTOR PHYSICIAN 215 WASHINGTON HOTS WEST MINSTON STATE 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 ADDRESS (VRA 15, 4) WESTMINSTER

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (

CERTIFICATE OF DEATH

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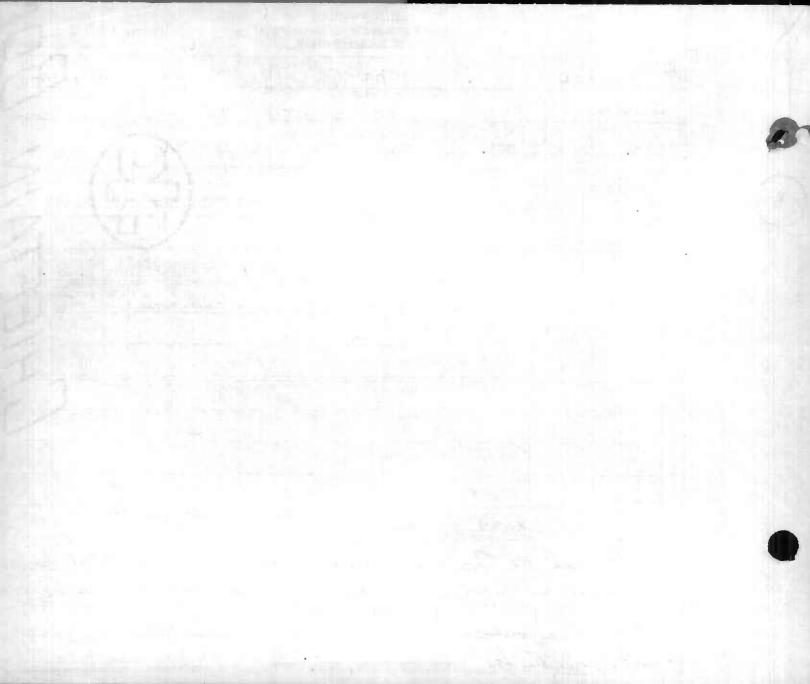
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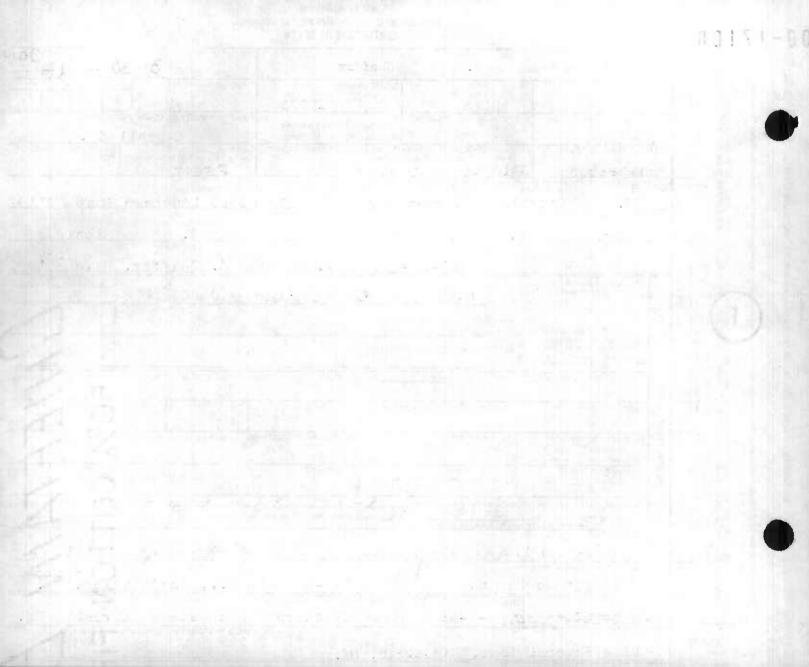
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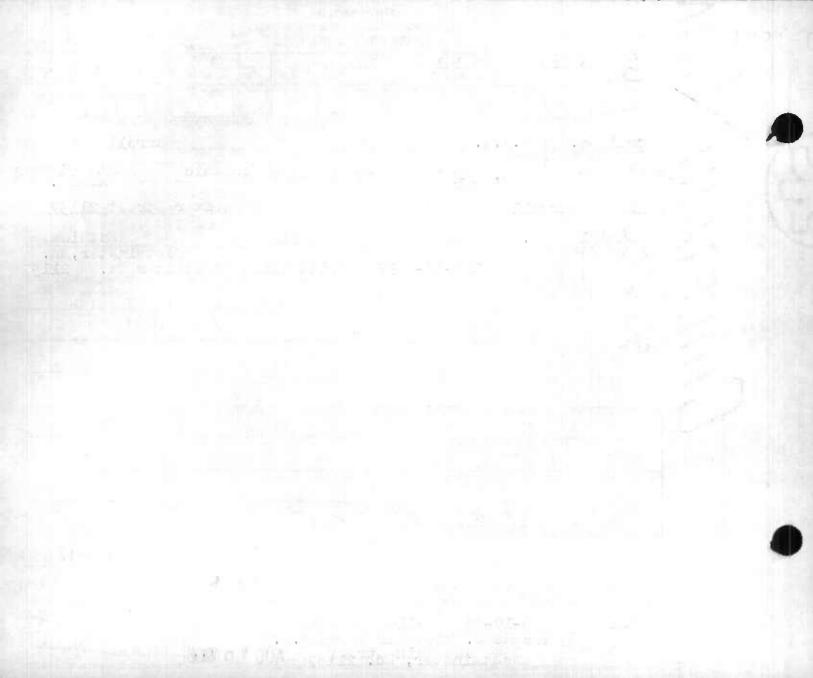
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 28. DATE OF DEATH I. DECEASED NAME MIDDLE MONTH TYPE OR PRINT) Shaffer Thomas E. 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX AONTHS | DAYS MONTH DAY 6-1895 White 91 Male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Carroll Co. WIDOWED DIVORCED Marvland 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION IN CITY OF TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY HE NOT IN SUCH PACILITY GIVE STREET ADDRESS! 3415 Lineboro Farmer Manchester USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 1134, COLINTY 1134, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 3415 limeboro Road Carroll YES [ NO TH Man chester Md IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE FIRST Richards Thomas Shaffer Marv ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT YES, NO OR UNKNOWN HEYES GIVE WAR OR DATEST Manches 217-03-7424 Mr. Chester Shaffer. no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stoting the DUF TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES T NO T NO 218. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH EIF EITHER NOTIFY MEDICAL EXAMINERS P.M 19 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a. | certify that (1) (this haspital) attended the deceased fram sow the deceased plive an. and that in (my) (our) opinion death accurred an the date and haur and from the couses stated abave, (1) (well(did) (did not) view the body after death 226 SIGNATURE DEGREE 22 DATE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN ELDIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OF PRINT) 220. ADDRESS id b 700-A Poole Rd., Westminster, 1 Chitrachedu Naganna 23d LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN COUNTY 9-2-86 Shiloh Cemetery Hampstead Carroll BP. Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE was hundren- parkette DHMH - 16 50M 4/B2 Eline Funeral Home. Hampstead. (VRA 15, 4)



DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR DAYS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OF FOREIGN MARRIED WEVER MARRIED 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) GIVE RESIDENCE BY FORE ADMISSION 130 STATE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Gillie MIDDLE Robert Moxley WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 404 Girard St. #102 (YES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Gaithersburg, Md. 20877 Smith APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse fost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTHOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 LIF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) NOT WHILE 220.1 certify that (1) (this hospital) opended the deceased fram\_ saw the deceased alive on\_ , and that in (my) (our) opinian death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body ofter-death 226. SIGNATURE DEGREE 220 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OR PRIN 22e ADDRESS MPORT 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 8/19/186 Forest Oak Cemetery Gaithersburg Md. BP Buria] Montg. 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 316 Emes Diamond Ave Julia Davidson Printick (VRA 15, 4) Gaithersburg.Md.2087 Cartmer Sandison F. H.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWNYX MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-Brian D. Tardio 19 86 11:24 4. RACE AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED March 8, 1969 17 DEAD Male White D. M 76 CITIZEN OF WHAT COUNTRY? IN BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA. Maryland WIDOWED DIVORCED Carroll County, IR. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TTYPE OF WORK Carroll County General Hospital Student Westminster JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13h COUNTY 136. INSIDE CITY LIMITS? 13e STREET ADDRESS Westminster NO Stx 1223 Nottingham Rd. 21157 Carroll Maryland 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE Gail DeLong Tardio Joseph 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 1223 ANorthingham Rd. 214-64-1511 Joseph Tardio Westminster, Md. 21157 No 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES KX NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR XXXX MONTH DAY YEAR 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING XXOR CONTRIBUTING CAUSE OF DEATH 10: 45PM driver in auto/fixed object impact 1986 21e PLACE OF INJURY JATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE WHILE AT WORK AT WORK Rt. 32 & Bird View Road, Westminster, Carroll road Co., Maryland Autopsy XX 220 I certify that I took charge of the remains described above, held an Inspection Accident XX death resulted from: Natural couses Hamicide Undetermined manner TITLE (SPECIFY) 8-2-86 Assistant 21201 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 8/ 5/86 Burial Conestoga Mem. Park Lancaster 07/84 24 FUNERAL DIRECTO Eckhardt Funeral Chapel **DHMH - 17** Owings Mills, Md. 21117 (VR A15 ME (5))

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director, page 30

pletely filled in by the funeral director.

oted within 24 hours after death. Page

## STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

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1		REGISTRAK		4-11111			REG. NO.				
1		CEASED NAME FIRST	MIDDLE		LAST		2a. DATE OF DEATH MONT	1 006 YEAR	R 2b HOUR		
١	(1176)	MARY	JANE.		ERRY		August 23, 1986		0425m		
1	3 SEX		4 RACE	5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)				
1	/	Female	White	MONTI	F-6	YEAR	71	YRS.	HOURS MIN.		
J	e* BIF	BIRTHPLACE (STATE OR FOREIGN 76, CITIZEN OF WHAT COUNTRY?					9 BALTIMORE CITY OR COUNTY OF DEATH				
		Balto. Md.   USA   WIE			-	ARRIED	Carroll Co.				
1	10 CH	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING  (IF NOT IN SUCH FACILITY, GIVE STREET ADI  CARROLL  COUNTY  CARROLL  CARROLL  COUNTY  CARROLL  CARROLL  COUNTY  CARROLL  C				PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Housewife	KING LIFE) INDUSTI	D OF BUSINESS OR RY		
	13a. S	AD C		WN.	13d. INSIDE CI	NO 🗌	130 STREET ADDRESS./ZIP		Smiriston		
	14. FA	THER'S NAME Lawrence	Streett		15 MOTHER'S	MAIDEN NAM TRST 1	WIDDLE	Mart	in		
Ī		VAS DECEASED EVER IN U.S. AF			17 INFORMA		ADDRESS	100 - INC			
	(1	(IF YES, GE	216-07-	0058	Mr. (	Charles	A. Terry Jr.	Westmin	ster,Md.		
18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (cs.) PART I. DEATH WAS CAUSED BY:									RÖXIMATÉ INTERVAL EEN ONSET AND DEATH		
	237	IMMEDIA	TE CAUSE (a)		CAT COL	o rego	of ta	- Lucie	Z wh how		
Canditions, if any, which gave rise to immediate  DUE TO, OR AS A CONSEQUENCE OF  Congustive Real  (b) Chronic Congustive Real											
									pears		
	cause (a), storing the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF Versilization and Consequence of										
	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR CONDITIO	N GIVEN IN PART	lia		
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b.	. IF YES, WERE FIN	IDINGS USED		
	E					YES NO	YES	NO [			
	E.	210. ACCIDENT WAS UNDERLYING			21c. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART	2)		
1	AL	OR CONTRIBUTING CAUSE OF DE	AIR								
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATIO	N	CITY OR TOWN	COUNTY	- TANK		
	×	WHILE NOT WHILE AT WORK	( AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.)	STREET		CHTORIOWA	Coolii	COUNTY STATE		
	6	22a. I certify that (I) (this haspital) attended the deceased from \$ 18 19.80, to \$ 3. 19.80 that (I) (we) lost									
		saw the deceased alive an \$23 1986, and that in (my) (aur) apinion death accurred an the date and hour and Iram the causes stated above, (I) (we) (did) (did not) view the body after death.									
	226, DATE SIGNATURE  226, DATE SIGNATURE  226, DATE SIGNATURE								ATE SIGNED		
	8.21 A STANDING MEDICAL OF STREET OF THE STR								0 8	- 23 46	
r	22d PHYSICIAN'S NAME (TYPE OR PRINT)										
		EDERAIN	n BARZA	GA	NE	w- u	VINdSOR	ml.	21776		
1		URIAL, CREMATION, REMOVAL			EMETERY OR C		23d LOCATION				
		remation	8/26/86	Carrol	1 Crema	tion	Hampstead	, Md.	STATE		
	24 FI	NERAL DIRECTOR TUNERAL H				25a. DATE	REC'D. BY REGISTRAR 25b. R	REGISTRAR'S SIGN	NATURE		
		TITLE I WITH WITH II	OIII 1101001000			2 4 4 4			Charles and an artist of the second		

DHMH - 16 60M 7/84 (VRA 15, 4)

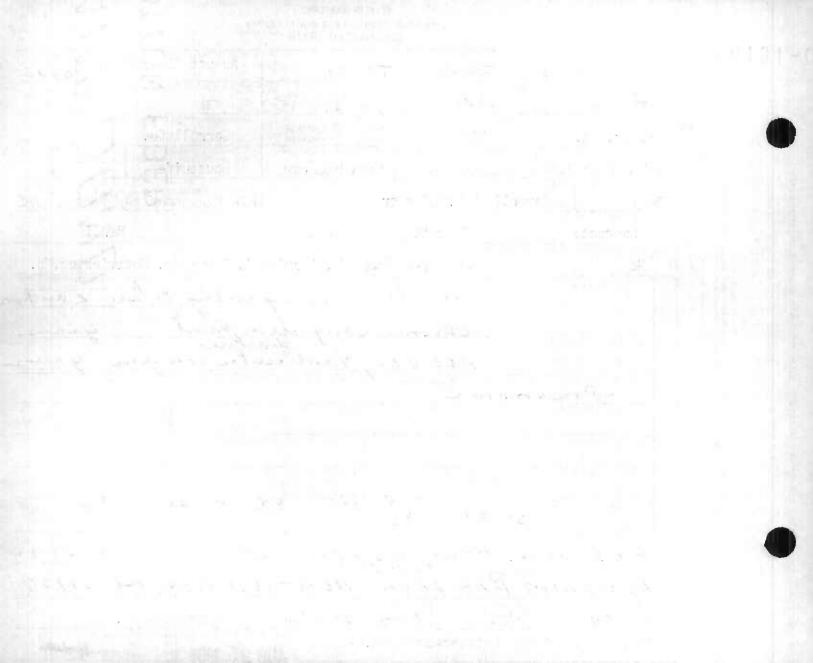
ID FUNETAL DIRECTOR. After this certificate has been signed by the ottending physicion and com-thould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 of the state Dept. of Health and Mental Hygiene priar to burial, cremotion, or removal.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be exec

etoined by the hospital or attending physicion.

TO HOSPITAL

MMODETANT: If Item 21 is marked or Item 18 show, any injury, or other traumatic event, the medical



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN 25. HOUR MONTH TYPE OR PRINT OF CONTRACTOR STATES.

STOR YOUR FILES.

HINN 72 HOURS

HESTON STREET, CHARLES DEATH MATED GARDNER UHLER 6 19 86 1 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS DATE MONTH LAST BIRTHDAY PRONOUNCED 60 26 DEAD MALE WHITE 6 18 86 YRS 19 PATRIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA DIVORCED MARYLAND Carroll County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS Westminster 3209 Old Westminster Pike TREE TRIMMER USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3g. STATE 13b COUNTY 13r CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARKLAND CARROLI FINKSBURG YES 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE LAURA EASTERDAY CHARLES UHLER 17 INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES! 2808 CEDARHURST DIVISIC 217-78-2468 MRS. JACKIE UHLER No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMITE ALTH AND MENTAL HYGIENE Gunshot wound to abdomen (handgun) IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L 10 CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHI TO **FUNERAL DIRECTOR**: PAGE 3 SHOULD BE US AFTER-DEATH, WITH THE STATE DEPARTMEN DIS BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES 😾 NO [ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING KOR YEAR 6-?-Subject found shot. CONTRIBUTING CAUSE OF DEATH P.M. 19 86 ZIE PLACE OF INJURY (AT HOME ZIE LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK 3209 Old Westminster Pike AT WORK woods Carrol MD Westninster ond in my apinion 22a I certify that I talk and ge of the remains described above, held an Autapsy Inspection Suicide X death resulted from Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATURE 8-19-86 EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St. Balto., MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR 23d LOCATION STATE CREMATION 10N HAMPSTEAD CARROLL
750. DATE REC'D. BY REGISTRAR'S SIGNATURE CREMATION CARROLL BP MD 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) ELINE FUNERAL HOME REISTERSTOWN MD.

SARONER

TALE WHITE 6 15 60 26

MARYLAND

TREE TRIMMER

MARYLAND EALTIMORE FINKSBURG 2808 GEDARHURST PD.

CHARLES D. UHLER LAURA M. EASTERDAY

217-78-2468 MRS. JACKIE UHLER FINKSBURG 27048

CREMATION 8-19-56 CARROLL CREMATION HAMPSTEAD CARROLL MD.

ELINE FUNERAL HOME REISTERSTOWN, PD.

		SIAIE OF MARYLAND
		FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 4 8
00-15524		STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
00-15524		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 25 HOUR
ш.: :0.	(TYP	FRANK ROBERS ZAMBITO OF ESTI- DEATH MATED B 12,986 42M
ARY, PLEASE DIRECTOR. OUR FILES. 172 HOURS	2 CEV	MONTH DAY YEAR MILITARIA
PLE ECI HO HO STR	3. SEX	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS I MIN PRONOUNCED A DAY DOO
SARV, P NI DIRE YOUR N 72 F	14	ALE MASS 7 9 1914 72 YRS. DEAD 8 12 186 1/4 M
CESSARY VERAL D FOR YOU VITHIN 7	7a. BI	IRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY?
	IN I	IF U VARX INVITED STATE MIDOWED DIVORCED CALKOL- MD.
A E v	1XV	ITY OR TOWN OF DEATH ILMAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS
SEGE SE	10	FOR MOST OF WORKING LIFE)  OR INDUSTRY  OR INDUSTRY
A S A HI CAL	12	LUEYES BORG 167 COVIVE IN COULD SALES HOOD PROVED
0 E Z 0 D	USUA	AL RESIDENCE LANGUAGE OTHER INSTITUTION, GIVE RESIDENCE TO CACHUS AND A STATE OF THE INSTITUTION AND
0 3205 S	130 2	PARTIE YES NO 22 ARCADIA ST
3120	14	ATHER'S MAME  15. MOTHER'S MAIDEN NAME
P E	14. 17	A FIRST MIDDLE LAST MIDDLE LAST
E 900		Charles Zambito Pauline Monachino
ŏ Haro		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE, MD. GNE MAGETH GNE MAGETH WITH FORMER PAGES PURSION WEN	(1	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ? Anthony Vozella 1126/10. MASS
A SOEAN	-	
: SEC		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
A STANDARD		IMMEDIATE CAUSE (0) HCO SE CHILLOS FULLIUNGAT TILL
PRESTON VITHIN 24 CITHIN 24 CITHIN TEL NER ALOR AL HYGIE ADVAL		Due to, or as a consequence of
SE E E E E E E E E E E E E E E E E E E		Conditions, if any, which
W. P D W ENC CAMIN CAMIN ENTA REM		gove rise to immediate (b) (b) (b) (course (a) stating the under-
UTE EX EX O ME OR B		lying cause lost.
DIVISION OF VITAL RECORDS, 301 SCERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" INTO ROED TO THE CHIEF MEDICAL EX, E 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M PRIORITO BURIL, CREMATION, OR		( (c)
EXE NG'NG'NG'NG'NG'NG'NG'NG'NG'NG'NG'NG'NG'N		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
COR NDIN MEDINATH	O	
SE PER L	1 4	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY?
TAL CHEE	CERTIFICATION	YES NOX
MORNING NO.	4 E	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
OF THE THE WER		UNDERLYING DOR HOUR A.M. MONTH DAY YEAR
NO DE LO DE LE LA COLOR DE LA	S	CONTRIBUTING CAUSE OF DEATH P.M. 19
DIVISION OF VIII  S CERTIFICATE SI RITING THE WORD  RE 3 SHOULD BE  E DEPARTMENT  PRIORTO BUR	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STATE
	2	WHILE NOT WHILE STREET, PACTORT, PARM, ETC.)
WAWA PAG 120		AT WORK AT WORK
ATE.		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion
AINE CTOI AND AND		death resulted from Natural causes Accident Accident Suicide Hamicide Undetermined manner L.
EXAN CERTI ULD DIREC		The state of the s
AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA		ACTUAL DATE OF NOVELLA HOT DEED TO THE DATE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE
ATHE ATH.		SIGNATURE MEDICAL EXAMINER SIGNED LIFE COST
MEDIC/ COUTE THE SE A SH FIUNEN		EXAMINER'S MAME DIVINET T WELLINEY
₩0m2m2		TYPE OR PRINT) THIS TOLL LAVE CLIFF ADDRESS III A CTAIN OTE Y WAY
	4	
TO A EXEC PAGI TO P	23a.B	BURIAL, CREMATION, REMOVAL 138 DATE 234 NAME OF CEMETERY OF CREMATORY 234 LOCATION
TO TO PAGE	23 a.B	
BP	(	BURIAL, CREMATION, REMOVAL 138 DATE 234 NAME OF CEMETERY OF CREMATORY 234 LOCATION
TO EXE	(	BURIAL CREMATION, REMOVAL 236 DATE 8-16-86 COLLARY CENTERY OF CREMATORY 1234 LOCATION MICHIGAN MICHIAN MI

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